

Alberta Patient Safety Survey 2004 - 2005

Part A: Quantitative Analysis of Closed-Ended Survey Questions



Prepared for the
Health Quality Council of Alberta

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September 2004

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Survey Highlights

Introduction

The Health Quality Council of Alberta is an arm's length organization empowered and funded by the Government of Alberta through the Minister of Health and Wellness to report directly to Albertans on the quality and performance of health services. The Council identifies best practices, and reviews and monitors the following dimensions of health care quality, including access, appropriateness, acceptability, effectiveness, efficiency and patient safety.

In the spring of 2004 the Health Quality Council of Alberta contracted the Population Research Laboratory (PRL) at the University of Alberta to conduct a telephone survey of a random sample of 1500 adult Albertans 18 or more years of age about preventable medical errors that result in serious harm to the patient.

The survey questions asked about perceptions of preventable medical error in general, possible causes of preventable medical error, possible solutions for reducing preventable medical error, opinions about confidentiality and disclosure, and personal experience with preventable medical error.

Methods

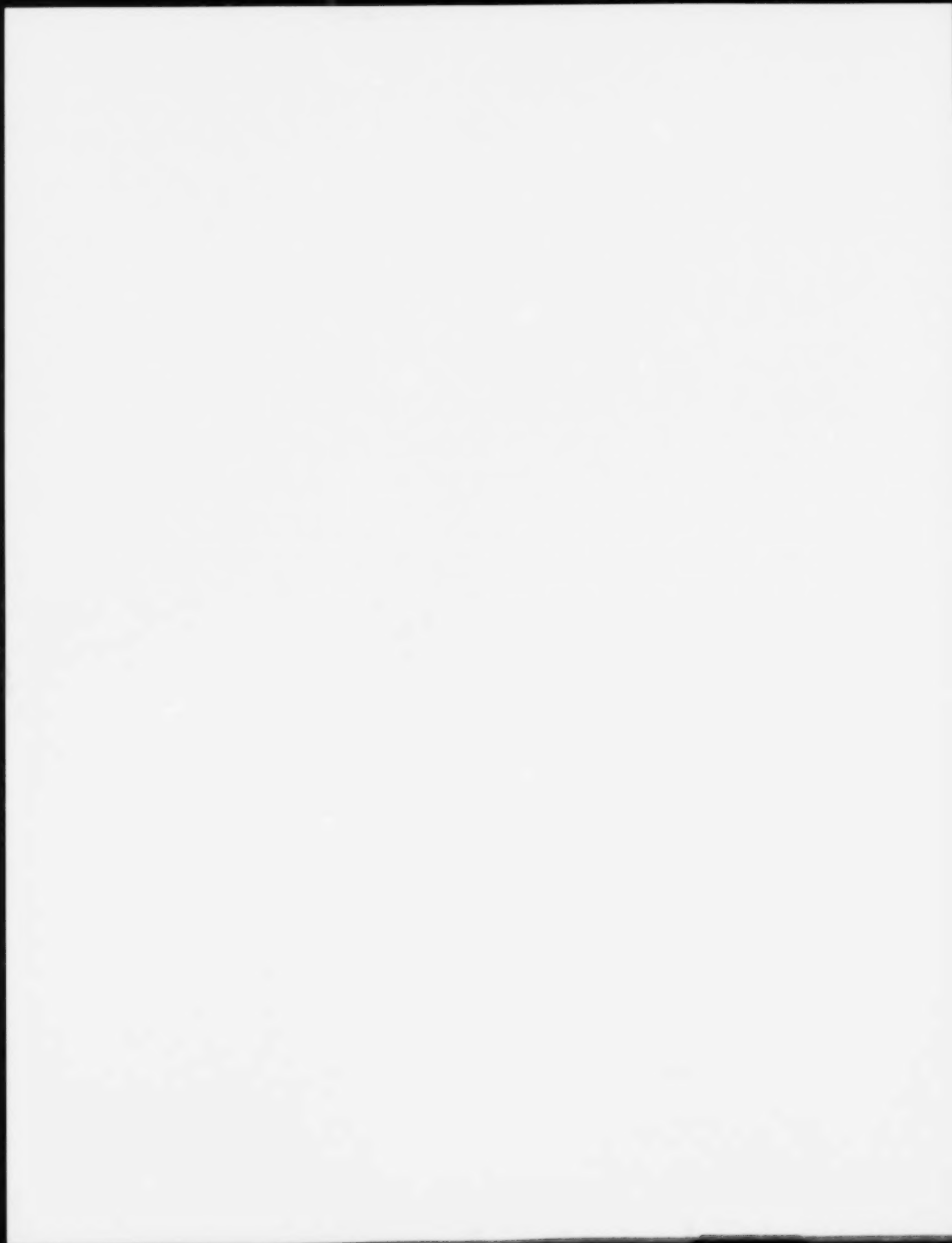
A total of 400 survey respondents residing in the Calgary Regional Health Authority and another 400 respondents residing in the Capital Regional Health Authority were chosen according to age and gender quotas and weighted to provide a representative sample.

In addition, 100 survey respondents per region were selected from each of the seven regional health authorities covering the remainder of the province, combined into one group (n=700), selected to approximate age and sex quotas, and weighted in order to provide a representative sample.

The sampling design provides approximate accuracy levels of $\pm 5\%$, nineteen times out of twenty, for the Calgary and Capital health regions, $\pm 10\%$ for each of the smaller health regions, $\pm 4\%$ for the combined group of seven smaller health regions, and $\pm 3\%$ for the entire province.

The PRL's computer assisted telephone interviewing (CATI) system was used to conduct the survey using random digit dialing (RDD) to contact households. The person in the household with the most recent birthday was selected for interview. Interviewing took place from April 27, 2004 to May 20, 2004.

A total of 58% of eligible persons contacted agreed to be interviewed.



Characteristics of Respondents

The sex and age composition of the sample of respondents was very similar to the 2001 census for Alberta.

The 1500 respondents included 756 females and 744 males. The typical respondent was 25 – 44 years of age, had some university or college or technical education following completion of high school, had an annual household income of \$30,000 – \$59,999, and had lived in Alberta for about 30 years, reported her/his health to be “very good,” rated Alberta’s health care system as “good” and had been in contact with Alberta’s health care system within the past two months.

Findings

Perceptions of Preventable Medical Error

When respondents were asked how often preventable medical errors that result in serious harm to the patient were made by health professionals, 3% said very often, 23% often, 50% not very often, 13% not often at all, while 11% indicated that they did not know how often errors were made.

The majority of respondents (57%) felt that the *more* important cause of preventable medical errors that result in serious harm to the patient was mistakes made by individual health care professionals, while 23% indicated that mistakes made by health care institutions where health care professionals work was the more important cause. Another 8% said “both” while 12% did not know.

Respondents were asked about their perceptions regarding how often patients were at least partially responsible for preventable medical errors made in their care. Six percent (6%) said very often, 43% somewhat often, 41% not very often, 5% never, while 5% said that they did not know.

Twenty-one percent (21%) of respondents said that their knowledge about preventable medical error was based mainly on their own experience, 28% on the experiences of friends and family, 49% on what they had seen, heard, or read on TV, radio or in the newspapers, while 2% said they did not know.

Forty-nine percent (49%) of respondents felt that a medical error would be more likely to occur at a hospital that does not do as many of a specialized procedure, 13% said error was more likely at the hospital which does a large number of this procedure, 33% said it would not make much difference, and 5% said they did not know.

Perceived Importance of Possible Causes of Preventable Medical Error

The majority of respondents felt that the following were “very important” as causes of preventable medical errors: overwork, stress, or fatigue of health professionals; doctors not having enough time with their patients; not enough nurses in hospitals; and health professionals not working together or not communicating as a team.

The majority of respondents also felt that the following were “very important or somewhat important” as causes of preventable medical errors: medical care being very complicated, poor handwriting by health professionals, poor supervision of health professionals, poor training of health professionals, uncaring health professionals, and lack of computerized medical records.

Perceived Effectiveness of Possible Solutions for Reducing Preventable Medical Error

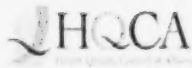
The majority of respondents felt that the following would be “very effective” in reducing preventable medical errors: requiring hospitals to report all serious medical errors to a provincial agency, requiring hospitals to develop systems to avoid medical errors, reducing the work hours of doctors in training to avoid fatigue, giving doctors more time to spend with patients, increasing the number of hospital nurses, encouraging hospitals to voluntarily report serious medical errors to a provincial agency, using only doctors specially trained in intensive care medicine on intensive care units, and better training of health professionals.

The majority of respondents also felt that the following were “very effective or somewhat effective” in reducing preventable medical errors: limiting certain high-risk medical procedures to hospitals that do a lot of these procedures, more use of computerized medical records, more use of computers instead of paper records for ordering of drugs and medical tests, suspending the license of health professionals who make medical errors, including a pharmacist on hospital rounds when doctors review the progress of patients, having a government agency fine health professionals who make medical errors, and having hospitalized patients be taken care of by hospital doctors rather than their regular doctors.

In contrast, the majority of respondents felt that more lawsuits for malpractice would be “not very effective or not effective at all.”

Opinions About Confidentiality and Disclosure

Forty-one percent (41%) of respondents said that hospital reports of serious medical errors should be confidential, 49% said that the reports should be released to the public, while 9% said they did not know and 1% declined to answer the question.



Almost all respondents (95%) felt that physicians should be required to tell patients or patients' family if a preventable medical error resulting in serious harm is made in the patient's care.

Twenty-two percent (22%) of respondents thought that it was very likely that the doctor would tell them if a preventable medical error that resulted in serious harm was made in their care, 30% said it was somewhat likely that the doctor would tell them, while 30% said it was not very likely, 13% said it was not at all likely, and 6% said they did not know.

Personal Experience with Preventable Medical Error in Alberta

Respondents were asked if they had ever experienced a preventable medical error made in their own care or in the care of a family member while receiving service within Alberta's health care system, regardless of when the error occurred in the past and regardless of when their last contact was with the health system in Alberta. Thirty-seven percent (37%) of respondents indicated that they had been personally involved in a situation where a preventable medical error was made in their own care or in the care of a family member while receiving service within Alberta's health care system.

Almost one-third (32%) of respondents who had been personally involved in a situation where a preventable medical error had been made in their own care or in a family member's care while receiving service within Alberta's health care system indicated that the error had been made in their own care, 56% said that the error had been made in a family member's care, and 12% indicated that both they themselves and a family member had been involved in situations where a preventable medical error was made.

Seventeen percent (17%) indicated that the family member who had experienced preventable medical error was their spouse, 15% their child, 20% their mother, 14% their father, 5% a brother, 6% a sister, and 30% said that some other family member had experienced preventable medical error in Alberta.

Over half (54%) of respondents who had been involved in a medical error said that the most recent error had serious health consequences, about a third (32%) of respondents indicated that the most recent error had minor health consequences, while 12% said the error had no health consequences and 2% said they did not know how serious the health consequences were.

Those respondents who indicated that the most recent medical error that they had been involved in had serious health consequences listed the following consequences: significant loss of time at work, school, or other important life activities (79%), severe pain (78%), temporary disability (64%), long-term disability (54%), death of a family member (36%), and other serious health consequences (41%).

Regarding the medical error that had occurred most recently, respondents were most likely to assign responsibility for the error that they or a family member had experienced to doctors rather than nurses or other health professionals or the institutions involved.

Regarding the medical error that had occurred most recently, 95% of respondents said that they or their family member did not sue the health care professional involved for malpractice, almost 2% said they did not know if there had been a malpractice suit, and almost 4% said that they or their family member did sue the health professional for malpractice.

Regarding the medical error that had occurred most recently, 32% of respondents said that the doctor or health professionals involved told them that a medical error had been made in their treatment or in the treatment of a family member while 66% said they were not told and another 2% said they did not know if the health professionals disclosed the error.

Regarding the medical error that had occurred most recently, 30% of respondents said that the doctor or health professionals apologized for the medical error that had been made in their treatment or in the treatment of a family member while 63% said the doctor or health professionals did not apologize and another 7% said they did not know if the health professionals had apologized.

Respondents were asked if they would share the facts about the medical error that had occurred most recently: 79% said yes and 21% said no. Please refer to the Alberta Patient Safety Survey 2004-2005, Part B Qualitative Analysis of Open-Ended Survey Questions, prepared by Laura Vanderheyden (see HQCA website www.hqca.ca).

Those respondents who were willing to share the facts about the medical error that they or a family member had been involved in most recently indicated that the error occurred in a hospital (69%), followed by the office of a family physician or general practitioner (15%), walk-in clinic or medicentre (6%), public health clinic or community health centre (4%), and other locations (7%).

Ninety-four percent (94%) of those respondents who were willing to share the facts about the medical error that they or a family member had been involved in most recently indicated that in their opinion the medical error could have been prevented while 2% said that it could not have been prevented and 4% said they did not know if the error had been preventable.

1 Introduction

The Health Quality Council of Alberta is an arm's length organization empowered and funded by the Government of Alberta through the Minister of Health and Wellness to report directly to Albertans on the quality, safety and performance of health services. The Council identifies best practices, and reviews and monitors the following dimensions of health care quality: access, acceptability, appropriateness, effectiveness, efficiency and patient safety.

In October 2003, the HQCA released *Satisfaction with Health Care Services: A Survey of Albertans 2003*. Survey findings showed 30 per cent of Albertans were concerned about patient safety, and 14 per cent reported they or a member of their immediate family had experienced a medical mistake that resulted in serious harm such as death, disability or additional prolonged treatment. Based on these findings, the Council decided to conduct further targeted research in the area of patient safety.

In spring 2004, the Health Quality Council contracted the Population Research Laboratory (PRL) at the University of Alberta to conduct a telephone survey of a random sample of 1500 adult Albertans about patient safety in health care. More specifically, the survey's purpose was to assess Albertans' perceptions of the prevalence of preventable medical errors that result in serious harm to patients, and opinions regarding possible causes and solutions.

The survey also asked respondents if they or a family member had ever experienced a preventable medical error while receiving health care in Alberta. Those respondents who experienced a medical error in their own or a family member's care were asked about the details of their experience. These findings will be released in a second report later in 2004.

The 2004 Alberta Patient Safety Survey questionnaire was administered to a stratified sample of Albertans drawn from the province's nine health regions. The PRL's computer assisted telephone interviewing (CATI) system was used to conduct the survey, which took place from April 27 to May 20, 2004. This report details the findings from the survey.

HQCA Vision:

Promoting world-class leadership in quality, safety and performance of the publicly funded health care system.

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2 Methods

2.1 Survey Instrument

The 2004 Alberta Patient Safety Survey questionnaire was developed by the Health Quality Council of Alberta based on a survey questionnaire used in 2002 in the United States.¹ A draft of the 2004 survey instrument was formatted for use in the PRL's CATI system and then pre-tested on a random sample of 20 residents of the Capital Regional Health Authority on April 19, 2004. The purpose of the pretest was to assess the questionnaire for clarity of wording, transitional statements, additional instructions, flow of questionnaire, length of interview, and to test the programming of the CATI system. On the basis of the pre-test results and to better reflect the Alberta health care system, minor changes were made to refine the survey instrument. The complete questionnaire is in Appendix C of this report.

2.2 Sampling

A total of 400 survey respondents residing in the Calgary Regional Health Authority and another 400 respondents residing in the Capital Regional Health Authority were chosen according to age and gender quotas and weighted in order to provide a representative sample of Albertans 18 or more years of age. This sample size provides an approximate accuracy level for the Calgary and Capital health regions of $\pm 5\%$, nineteen times out of twenty. In addition to the respondents chosen from the Calgary and Capital RHAs, 100 survey respondents per region were selected from each of the seven regional health authorities covering the remainder of the province. This sample size provides an approximate accuracy level for each of the smaller RHAs of $\pm 10\%$, nineteen times out of twenty. In order to improve the efficiency of data collection and reduce the cost of the survey, exact age and sex quotas were not set for each of the seven smaller RHAs. Instead, the seven smaller RHAs were combined into one group ($n=700$) and target quotas for age and sex were set for the combined group. Respondents were then selected to approximate these quotas and weighted in order to provide a representative sample of Albertans 18 or more years of age. The sample size of 700 for the group of seven other Alberta RHAs provides an approximate accuracy level of $\pm 4\%$, nineteen times out of twenty. For the entire province the accuracy level is less than $\pm 3\%$, nineteen times out of twenty. The total sample size was 1500. (For more details on the sampling procedure, see Appendix A).

2.3 Response Rate

There are different ways to calculate participation and response rates. For example, for the 2004 Alberta Patient Safety Survey, comparing persons who were contacted and either agreed or did not agree to be interviewed yields a participation rate of 57.8% (and a refusal rate of 42.2%). Including persons who were contacted but requested that they be

¹ Blendon, R.J., et. al., 2002. "Views of practicing physicians and the public on medical errors." *New England Journal of Medicine* 347: 1933-1940.

interviewed at a different time and who subsequently could not be contacted lowers the participation rate to 55.1% (and increases the refusal rate to 44.9%). Including persons who could not be interviewed because of language barriers or other communication problems (e.g., deafness) yields a response rate of 54.9% while including all phone numbers called where a potential respondent might reside yields a response rate of 41.9%. This last calculation is a worst case scenario which assumes that all potential respondents who had not been contacted when the survey ended would have refused to be interviewed if they had been contacted. (For more details on the calculation of response rates, see Appendix A).

Participation Rate A	57.8%
Participation Rate B	55.1%
Response Rate A	54.9%
Response Rate B	41.9%

Given the increasing use of the telephone by telemarketers and the increased use of answering machines and call display to screen calls, response rates have tended to decline in recent years. Furthermore, once a household was contacted for the patient safety survey, interviewers were required to interview the person in the household who had the most recent birthday and this person was not always available or willing to be interviewed. This rigorous sampling design resulted in a lower response rate than would have been achieved if any one of the adults in each household contacted had been eligible for interview.

Every effort was made to achieve as high a response rate as possible. Phone numbers which resulted in no contact were called a minimum of eight times on various days and at different times of the day. Furthermore, when a potential respondent was contacted but refused initially to be interviewed, after four days a specially trained interviewer attempted to contact that person again. Some persons who initially refused to be interviewed subsequently agreed to be interviewed and some refused a second time. Attempts were made to reach initial refusals up to five times on different days and at different times of the day.² The repeated call attempts of all telephone numbers in the sample and the stratified quota sampling design used in this study resulted in a selection of respondents who are representative of the population in terms of age and sex, as measured by the 2001 census (see Figures 1 and 2).

2.4 Data Collection and Analysis

The PRL conducted data collection from its research facility at the University of Alberta in Edmonton. Interviewing took place from April 27 to May 20, 2004. Interviewing was scheduled from 9:00 a.m. until 9:00 p.m. on weekdays and from 10:00 a.m. to 4:00 p.m. on Saturdays and 11:00 a.m. until 8:00 p.m. on Sundays. Experienced research staff and

² Some telephone numbers had not been called up to eight times and some initial refusal had not been called up to five times when the target of 1500 completed interviews was reached and data collection ended. Telephone numbers were released into the sample sparingly in order to minimize the number of telephone numbers which had not reached a "final disposition" by the time data collection ended.

supervisors monitored the work of the interviewers and any inconsistent data were validated.

Data collected were automatically tabulated using the PRL's CATI system. The data were converted into SPSS-Windows for data analysis. The data were analyzed for wild codes and inconsistencies. "Other" open-ended responses were coded where feasible.

For purposes of province-wide analysis, weights were assigned as described in Appendix A. The weights are not used when the analysis focuses on separate health regions or on the characteristics of the sample itself. The weights are used when the analysis focuses on the province as a whole.

The Chi-square or F statistic is calculated where appropriate to assess the statistical significance of relationships between variables. A statistically significant pattern is unlikely to be obtained by chance.

3 Characteristics of Respondents

A total of 1500 respondents including 756 females and 744 males were selected to represent the adult population of Alberta. As Figures 1 and 2 show, the sex and age composition of the sample of respondents is very similar to the 2001 census for Alberta. The typical respondent was 25 – 44 years of age, had some university or college or technical education following completion of high school, had an annual household income of \$30,000 – \$59,999, and had lived in Alberta for about 30 years (median length of residence in Alberta = 29 years, mean = 32 years) (see Figures 2 – 5). Furthermore, the typical respondent reported her/his health to be “very good,” rated Alberta’s health care system as “good” and had been in contact with Alberta’s health care system within the past two months (see Figures 6 – 8).

Figure 1

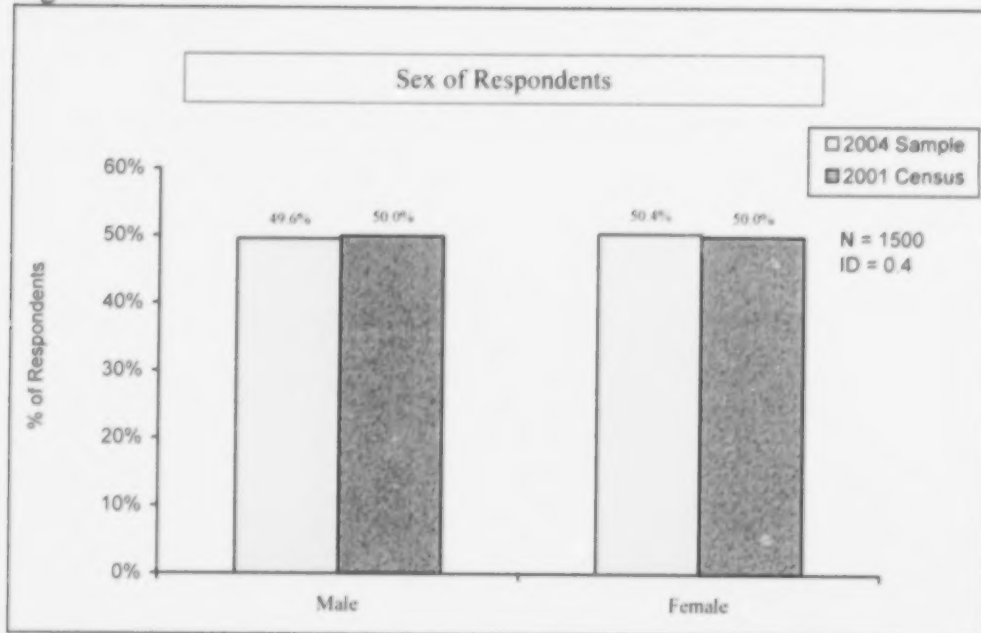


Figure 2

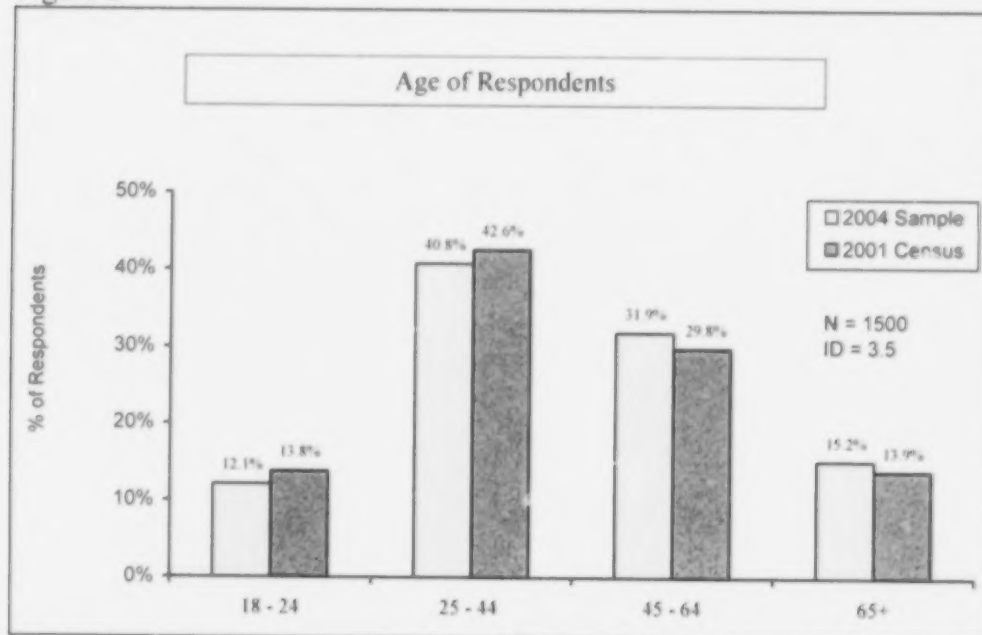


Figure 3

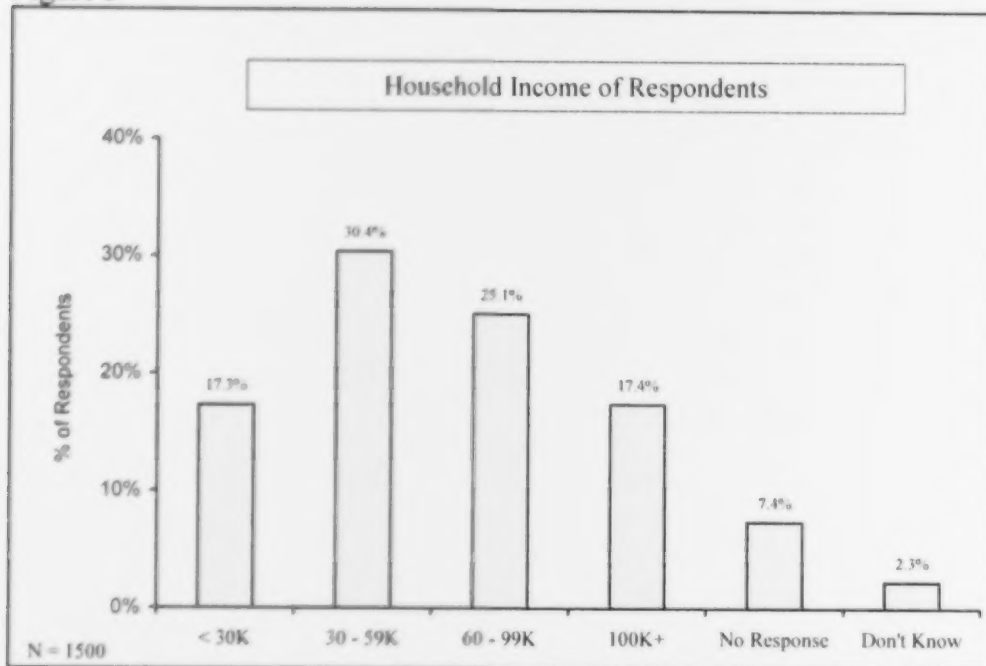


Figure 4

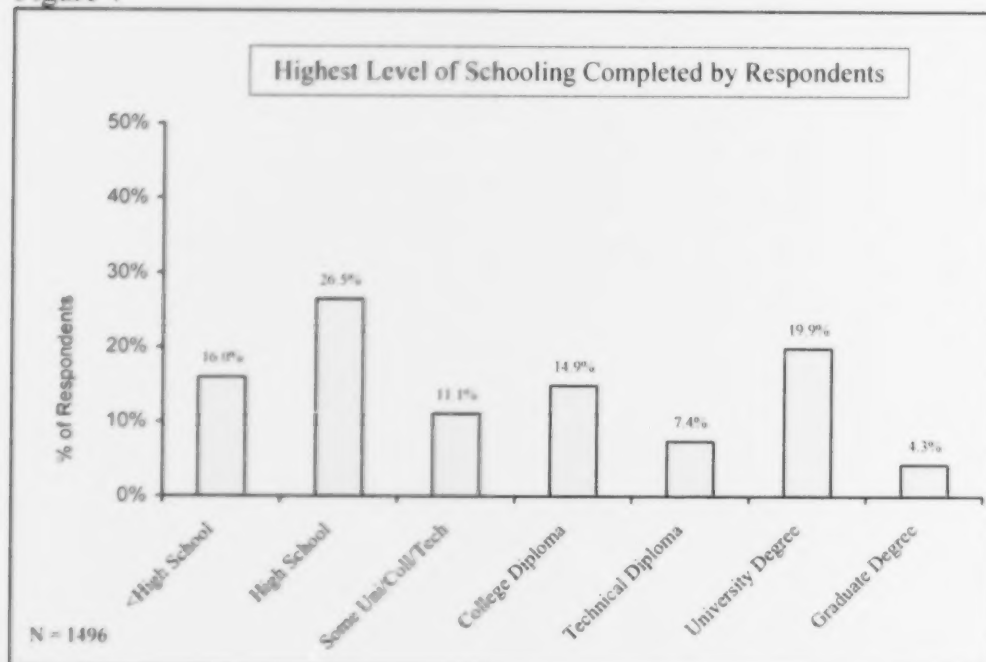


Figure 5

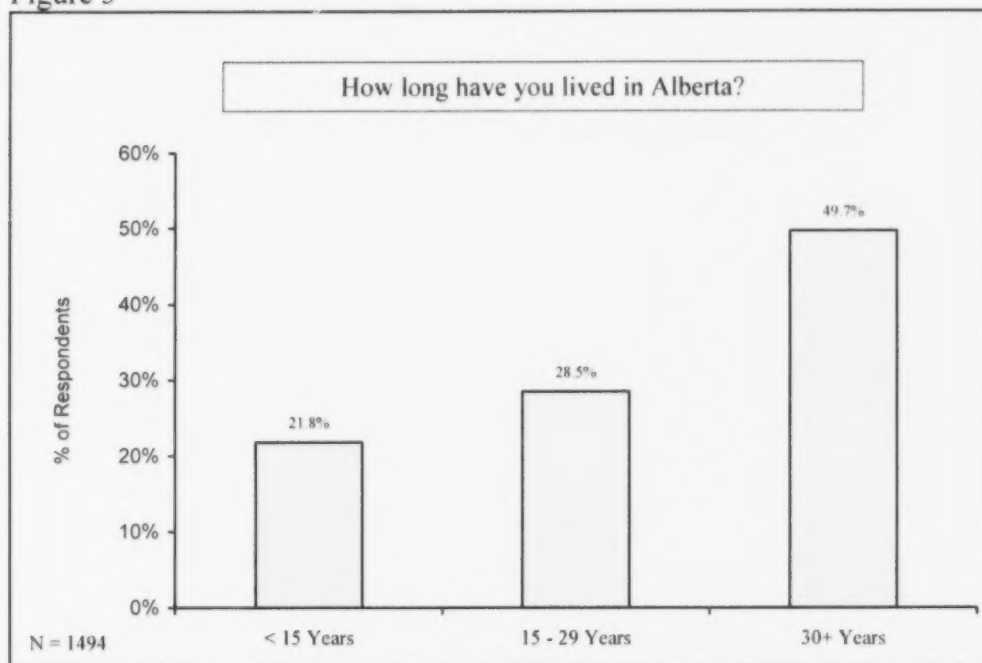


Figure 6

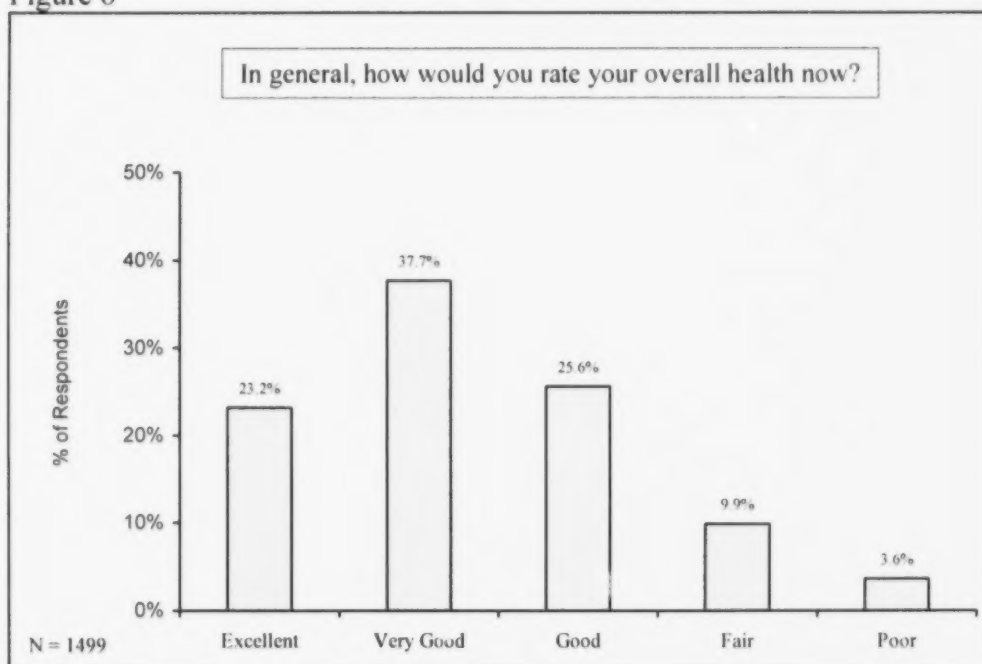


Figure 7

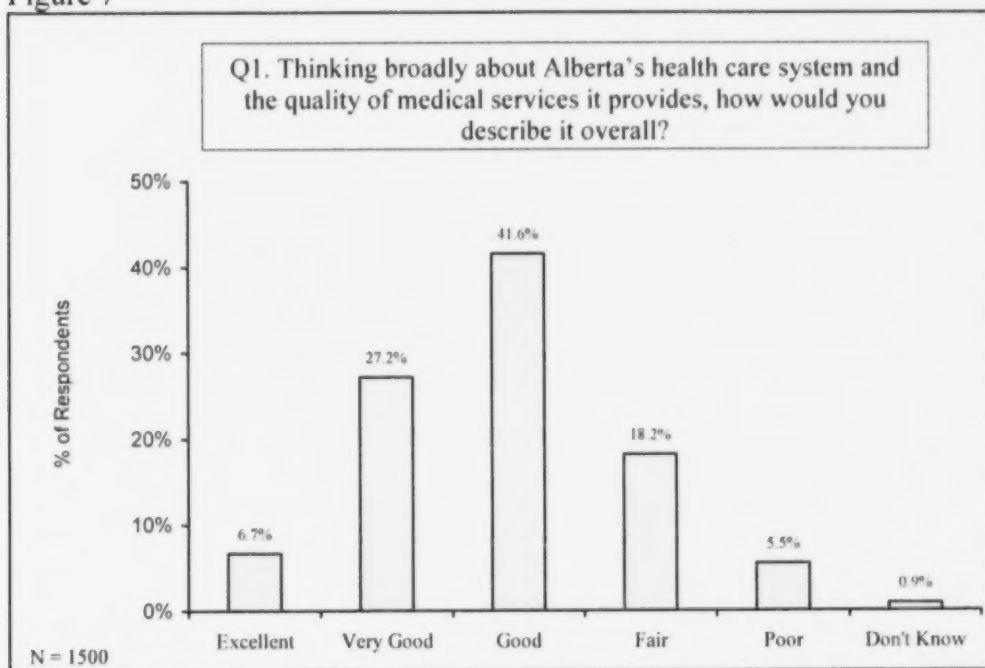
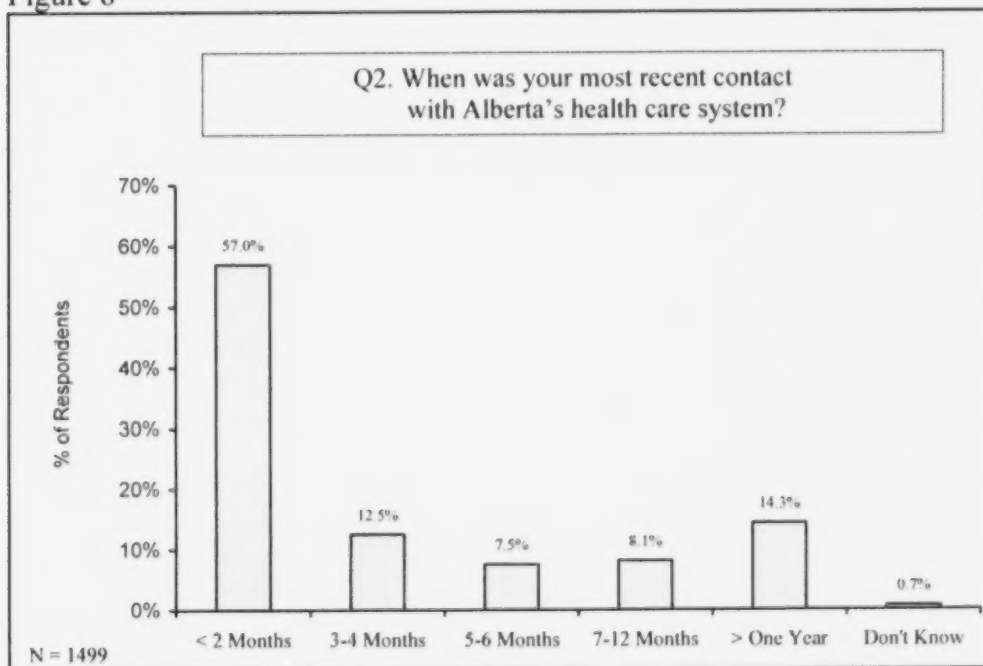


Figure 8



4 Findings

Respondents were asked a series of questions about preventable medical errors that result in serious harm to the patient. These questions asked about perceptions of preventable medical error in general, possible causes of preventable medical error, possible solutions for reducing preventable medical error, opinions about confidentiality and disclosure, and personal experience with preventable medical error.

4.1 Perceptions of Preventable Medical Error

When respondents were asked how often preventable medical errors that result in serious harm to the patient were made by health professionals (see question 3 in the survey questionnaire in Appendix C), 3% said very often, 23% often, 50% not very often, 13% not often at all, while 11% indicated that they did not know how often errors were made (see Figure 9). Perceptions of the prevalence of medical error did not vary by the respondent's age, length of residence in Alberta, education, or recency of contact with Alberta's health care system. However, females felt medical errors occurred more often than males, respondents from lower income households felt errors occurred more often than persons from higher income households, respondents living in the Calgary Health Region thought errors were less likely than persons living elsewhere in Alberta, while persons who reported poor health or who rated the quality of Alberta's health care system as poor perceived medical errors to be more frequent. (See Tables 1.1 to 1.9 in Appendix B).

Respondents were asked if they thought that the *more* important cause of preventable medical errors that result in serious harm to the patient was mistakes made by individual health care professionals or mistakes made by institutions where the health care professionals work (see question 4). The majority of respondents (57%) felt that the more important cause of preventable medical errors that result in serious harm to the patient was mistakes made by individual health care professionals, while 23% indicated that mistakes made by health care institutions where health care professionals work was the more important cause. Another 8% said "both" while 12% did not know which was the more important cause (see Figure 10). Perceptions of the "more important cause" of medical error did not vary by the respondent's sex, Regional Health Authority, health status, or recency of contact with Alberta's health care system. However, respondents who thought that the more important cause of medical error was mistakes made by individual health care professionals included persons 18 to 44 years of age, respondents who had lived in Alberta less than 30 years, persons with more education and higher household incomes, and respondents who rated the quality of Alberta's health care system as very good or good. (See Tables 2.1 to 2.9 in Appendix B).

Figure 9

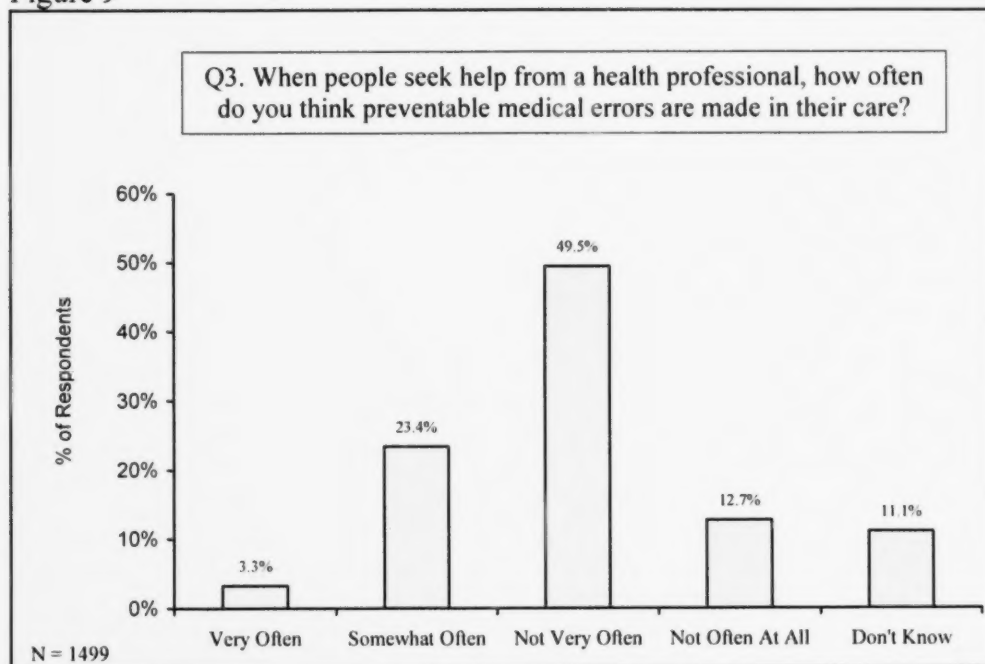
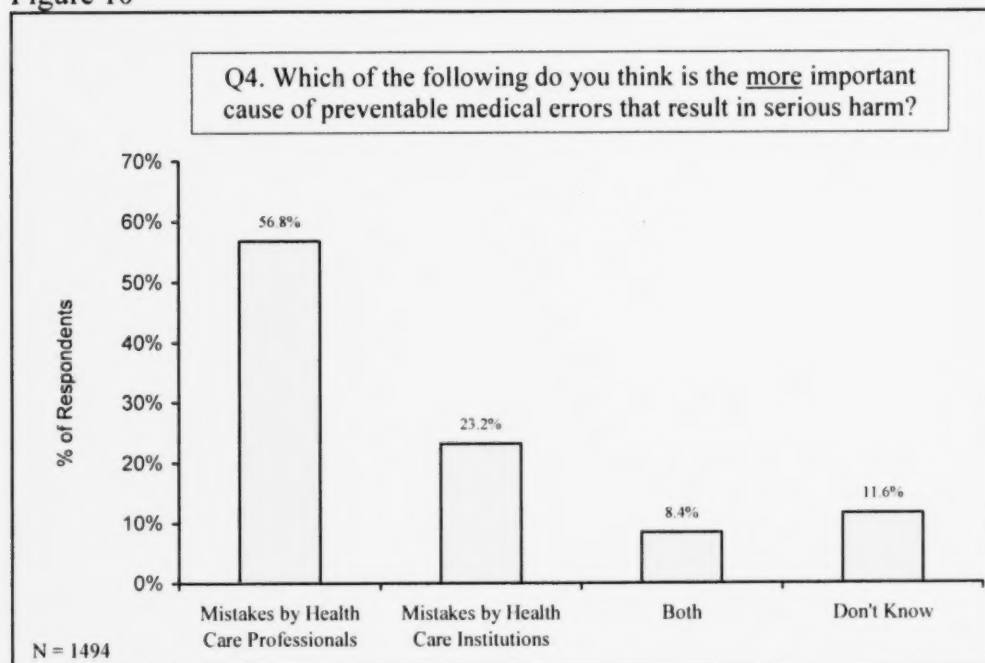
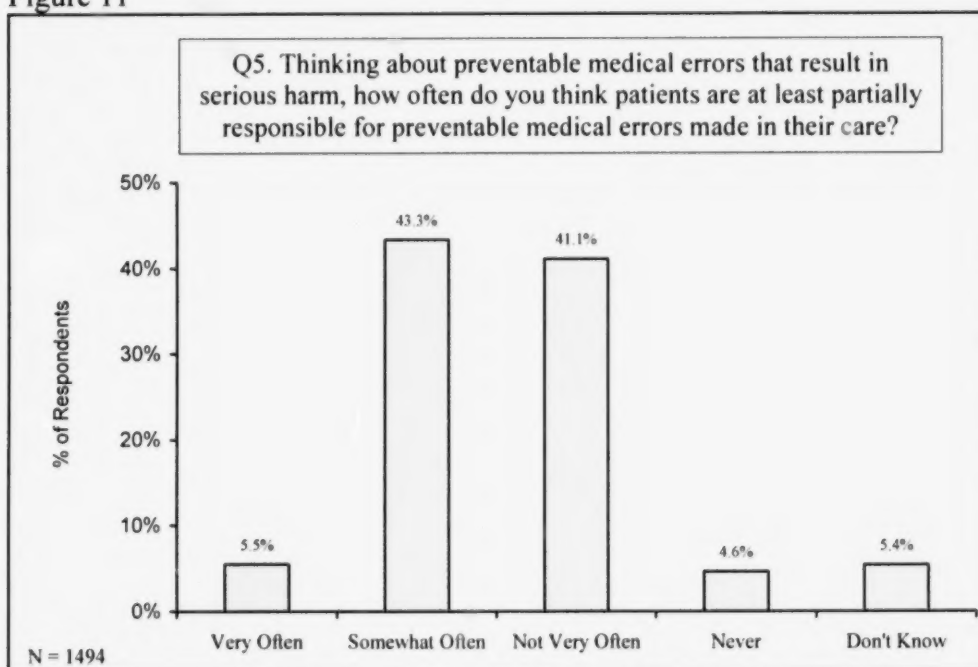


Figure 10



Respondents were asked about their perceptions regarding how often patients were at least partially responsible for preventable medical errors made in their care (see question 5). Six percent (6%) said very often, 43% somewhat often, 41% not very often, 5% never, while 5% said that they did not know (see Figure 11). Perceptions of patient responsibility for medical error did not vary by the respondent's sex, length of residence in Alberta, education, Regional Health Authority, or health status. However, persons who were more likely to think that patients are at least partially responsible for preventable medical errors included 18 to 24 year olds, persons with household incomes under \$100,000, persons who rated the quality of Alberta's health care system as excellent or very good, and respondents whose most recent contact with the Alberta's health care system was 7 or more months ago. (See Tables 3.1 to 3.9 in Appendix B).

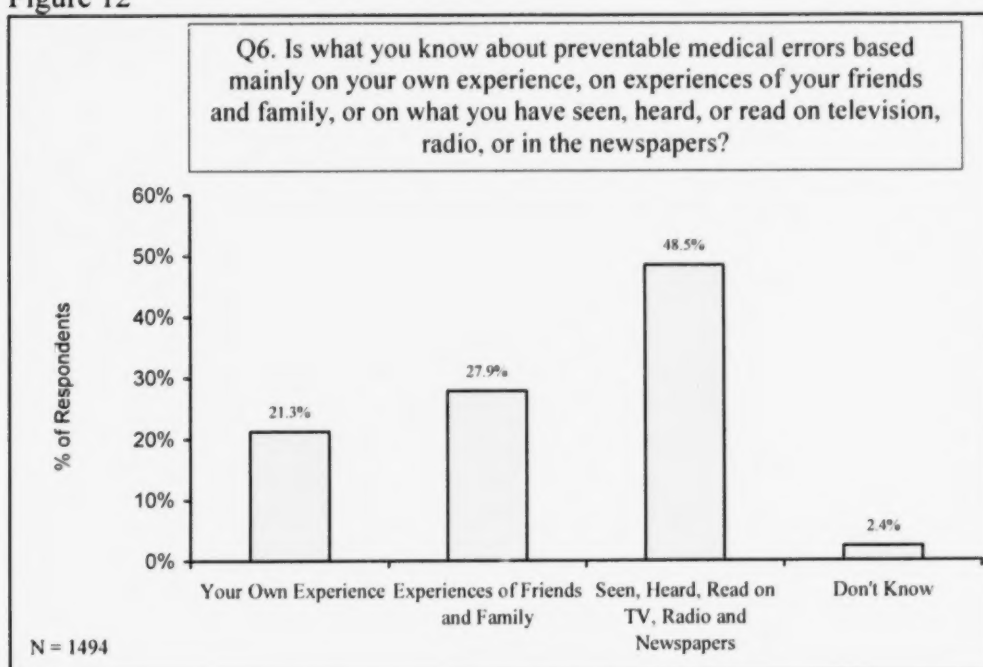
Figure 11



Respondents were asked about the source of their knowledge about preventable medical error (see question 6). Twenty-one percent (21%) said that their knowledge was based mainly on their own experience, 28% on the experiences of friends and family, 49% on what they had seen, heard, or read on TV, radio or in the newspapers, while 2% said they did not know (see Figure 12). Sources of knowledge about medical error did not vary by the respondent's age, education, or Regional Health Authority. However, females, longer-term residents of Alberta, persons with more recent contact with Alberta's health care system, and persons who rated the quality of Alberta's health care system more negatively relied more on their own experience or on the experiences of friends and family as a source of knowledge about preventable medical error. Males, shorter-term

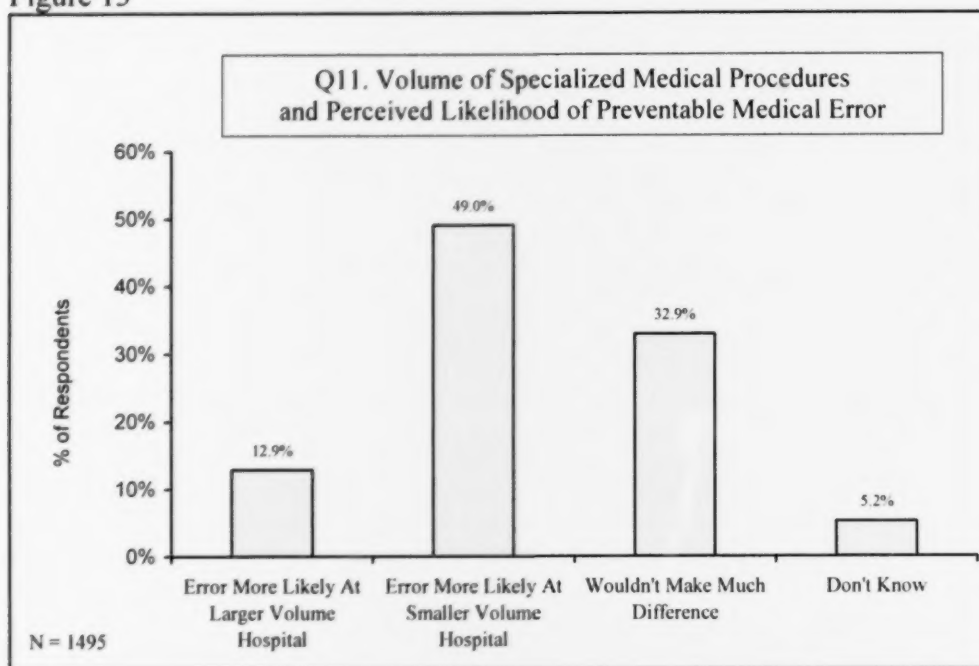
residents of Alberta, persons with household incomes of \$60,000 to \$99,999, persons in better health, persons who rated Alberta's health system highly, and persons who had not had contact in the past six months with Alberta's health care system were more likely to learn about preventable medical errors from TV, radio or the newspapers. (See Tables 4.1 to 4.9 in Appendix B).

Figure 12



Respondents were asked to consider a patient who needs a specialized medical procedure who can choose either a hospital that does a large number of these procedures or a hospital that does not do as many. Respondents were asked at which hospital a preventable medical error would be more likely (question 11). Forty-nine percent (49%) of respondents felt that a medical error would be more likely to occur at the hospital that does not do as many of the specialized procedure, 13% said error was more likely at the hospital which does a large number of this procedure, 33% said it would not make much difference which hospital was chosen, and 5% said they did not know (see Figure 13). Opinion about the relationship between the volume of procedures done in a hospital and the frequency of medical error did not vary by the respondent's sex, age, length of residence in Alberta, education, Regional Health Authority, health status, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system. However, persons with household incomes over \$100,000 or who did not indicate their household income were somewhat more likely than other income groups to think that medical error was more likely at a hospital that does a smaller volume of a specialized procedure. (See Tables 9.1 to 9.9 in Appendix B).

Figure 13



4.2 Perceived Importance of Possible Causes of Preventable Medical Error

Respondents were read a list of things that could *cause* preventable medical errors that result in serious harm to the patient and were asked how important they thought each of these things were as causes of medical error (see questions 7a to 7j). Table 1 shows that the majority of respondents felt that the following were “very important” as causes of preventable medical errors: overwork, stress, or fatigue of health professionals; doctors not having enough time with their patients; not enough nurses in hospitals; and health professionals not working together or not communicating as a team. Table 1 also shows that the majority of respondents felt that the following were “very important or somewhat important” as causes of preventable medical errors: medical care being very complicated, poor handwriting by health professionals, poor supervision of health professionals, poor training of health professionals, uncaring health professionals, and lack of computerized medical records. Relatively few indicated that they thought that any of these possible causes were “not important at all” or said that they did not know.

Females tended to rate the importance of various possible causes of preventable medical error more highly than males as did seniors, persons with less education and lower household incomes, persons in poor or fair health, and persons who rated the quality of Alberta’s health care system as poor or fair. (See Tables 5.1 to 5.9 in Appendix B).

Table 1 Q7. Respondents' perceptions of the importance of possible causes of preventable medical errors that result in serious harm to the patient.

Possible Causes of Preventable Medical Errors	Very Important %	Somewhat Important %	Not Very Important %	Not at All Important %	Don't Know %	Total %	n
Overwork, stress, or fatigue of health professionals	65.9	27.3	3.8	1.2	1.8	100	1499
Doctors not having enough time with their patients	60.3	31.1	4.9	1.6	2.2	100	1497
Not enough nurses in hospitals	60.2	26.8	5.7	2.2	5.0	100	1498
Health professionals not working together or not communicating as a team	54.7	30.8	7.1	2.1	5.2	100	1495
Poor training of health professionals	40.6	23.4	18.7	9.4	7.9	100	1492
Uncaring health professionals	35.2	25.2	23.1	12.6	4.0	100	1492
Poor handwriting by health professionals	35.0	33.8	17.3	7.4	6.6	100	1497
Medical care being very complicated	32.8	40.5	15.1	3.8	7.8	100	1492
Poor supervision of health professionals	32.0	34.7	18.5	4.8	9.9	100	1493
Lack of computerized medical records	24.8	33.0	23.7	8.3	10.2	100	1492

Percentages may not add to 100 due to rounding

4.3 Perceived Effectiveness of Possible Solutions for Reducing Preventable Medical Error

Respondents were read a list of possible *solutions* that have been proposed to prevent medical errors that result in serious harm to the patient and were asked how effective they thought each of these would be in reducing medical errors (see questions 8a to 8q). Table 2 shows that the majority of respondents felt that the following would be “very effective” in reducing preventable medical errors: requiring hospitals to report all serious medical errors to a provincial agency, requiring hospitals to develop systems to avoid medical errors, reducing the work hours of doctors in training to avoid fatigue, giving doctors more time to spend with patients, increasing the number of hospital nurses, encouraging hospitals to voluntarily report serious medical errors to a provincial agency, using only doctors specially trained in intensive care medicine on intensive care units, and better training of health professionals. Table 2 also shows that the majority of respondents felt that the following were “very effective or somewhat effective” in reducing preventable medical errors: limiting certain high-risk medical procedures to hospitals that do a lot of these procedures, more use of computerized medical records, more use of computers instead of paper records for ordering of drugs and medical tests, suspending the license of health professionals who make medical errors, including a pharmacist on hospital rounds when doctors review the progress of patients, having a government agency fine health professionals who make medical errors, and having hospitalized patients be taken care of by hospital doctors rather than their regular doctors. In contrast, the majority of respondents felt that more lawsuits for malpractice would be “not very effective or not effective at all.” Relatively few said that they did not know how effective these various solutions might be.

Females tended to rate the effectiveness of various possible solutions for reducing preventable medical error more highly than males as did seniors, longer-term residents of Alberta, persons with less education and lower household incomes, persons in worse health, and persons who rated the quality of Alberta’s health care system as poor or fair. (See Tables 6.1 to 6.9 in Appendix B).

Table 2 Q.8 Respondents' perceptions of the effectiveness of possible solutions that have been proposed to prevent medical errors that result in serious harm for patients.

Possible Solutions to Prevent Medical Errors	Very Effective %	Somewhat Effective %	Not Very Effective %	Not at All Effective %	Don't Know %	Total %	n
Requiring hospitals to report all serious medical errors to a provincial agency	73.5	18.2	3.5	1.6	3.3	100	1499
Requiring hospitals to develop systems to avoid medical errors	72.8	20.7	2.9	1.0	2.6	100	1497
Reducing the work hours of doctors in training to avoid fatigue	61.4	28.4	4.6	1.2	4.5	100	1499
Giving doctors more time to spend with patients	60.2	33.6	3.9	1.1	1.2	100	1499
Increasing the number of hospital nurses	56.3	34.9	4.9	1.6	2.4	100	1499
Encouraging hospitals to voluntarily report serious medical errors to a provincial agency	55.9	22.2	11.4	7.2	3.3	100	1497
Using <u>only</u> doctors specially trained in intensive care medicine on intensive care units	55.3	29.7	4.7	1.9	8.5	100	1497
Better training of health professionals	50.9	35.6	8.2	2.6	2.7	100	1498
Limiting certain high-risk medical procedures to hospitals that do a lot of these procedures	44.1	35.2	8.4	2.8	9.5	100	1495
More use of computers instead of paper records for ordering of drugs and medical tests	35.4	38.5	12.3	4.5	9.3	100	1495
Including a pharmacist on hospital rounds when doctors review the progress of patients	34.9	34.7	15.7	5.0	9.8	100	1497

Table 2 (continued) Respondents' perceptions of the effectiveness of possible solutions that have been proposed to prevent medical errors that result in serious harm for patients.

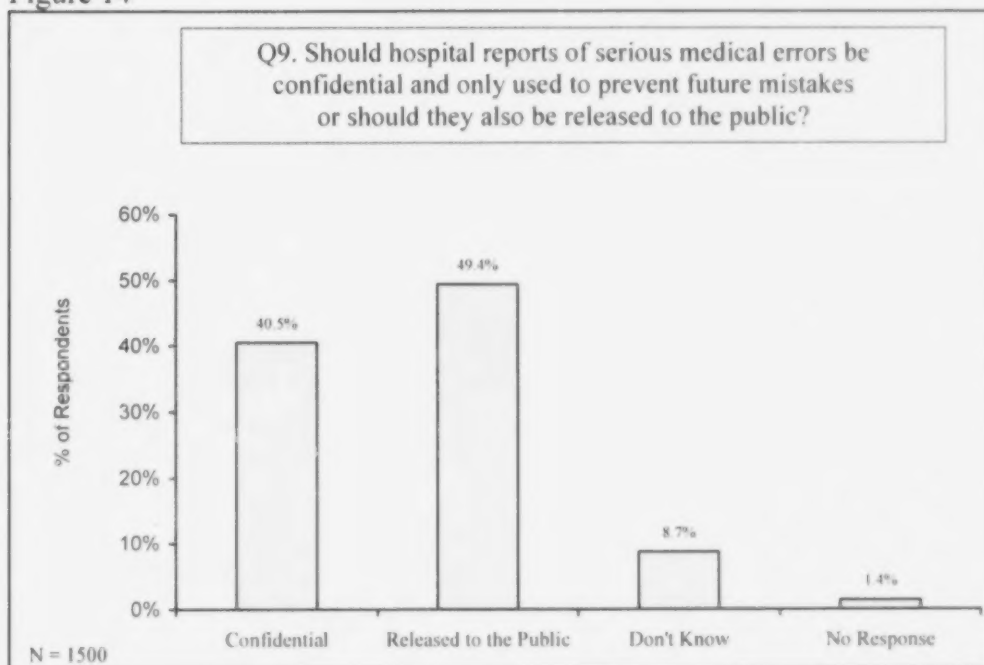
Possible Solutions to Prevent Medical Errors	Very Effective %	Somewhat Effective %	Not Very Effective %	Not at All Effective %	Don't Know %	Total %	n
More use of computerized medical records	33.6	43.1	11.9	3.5	7.8	100	1493
Suspending the license of health professionals who make medical errors	32.2	38.5	15.8	7.0	6.6	100	1488
Having a government agency fine health professionals who make medical errors	28.1	31.6	23.8	10.3	6.2	100	1492
Having hospitalized patients be taken care of by hospital doctors rather than their regular doctors	14.7	37.1	27.0	10.2	11.0	100	1494
More lawsuits for malpractice	12.3	21.1	31.6	27.1	7.9	100	1492

Percentages may not add to 100 due to rounding

4.4 Opinions About Confidentiality and Disclosure

Respondents were asked if hospital reports of serious medical errors should be confidential and only used to prevent future medical mistakes, or should also be released to the public (see question 9). Forty-one percent (41%) of respondents said that hospital reports of serious medical errors should be confidential, 49% said that the reports should be released to the public, while 9% said they did not know and 1% declined to answer the question (see Figure 14). Opinions about confidentiality of hospital reports of serious medical errors did not vary by the respondent's sex, education, household income, Regional Health Authority, health status, or rating of the quality of Alberta's health care system. However, respondents 18 to 24 years of age were more likely to endorse confidentiality of hospital reports of serious medical errors as were shorter-term residents of Alberta and persons who had recent contact with Alberta's health care system. (See Tables 7.1 to 7.9 in Appendix B).

Figure 14



Almost all respondents (95%) felt that physicians should be required to tell patients or patients' family if a preventable medical error resulting in serious harm is made in the patient's care (see question 10 and Figure 15). Opinions about requiring physician disclosure of serious medical errors to patients/patients' family did not vary by the respondent's sex, length of residence in Alberta, education, household income, Regional Health Authority, health status, or recency of contact with Alberta's health care system. However, seniors and persons in excellent health were more likely to say that they did not know if disclosure should be required. (See Tables 8.1 to 8.9 in Appendix B).

Twenty-two percent (22%) of respondents thought that it was very likely that the doctor would tell them if a preventable medical error that resulted in serious harm was made in their care (see question 12 and Figure 16). Thirty percent (30%) said it was somewhat likely that the doctor would tell them, while 30% said it was not very likely, 13% said it was not at all likely, and 6% said they did not know. Opinions about the likelihood of voluntary physician disclosure of serious medical errors to patients or patients' family did not vary by the respondent's sex, length of residence in Alberta, education, household income, Regional Health Authority, or recency of contact with Alberta's health care system. However, seniors, persons in excellent health, and persons who rated the quality of Alberta's health care system as excellent were most likely to believe that the doctor would tell them about a medical error. In contrast, persons in fair or poor health and persons who rated the quality of Alberta's health care system as fair or poor were less likely to believe that the doctor would tell them if a medical error occurred. (See Tables 10.1 to 10.9 in Appendix B).

Figure 15

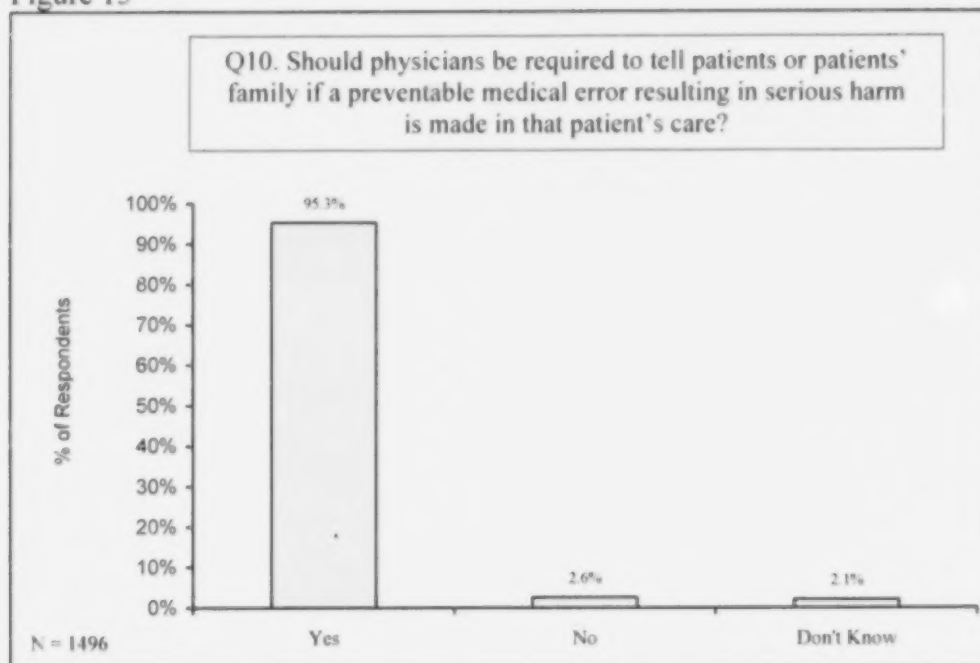
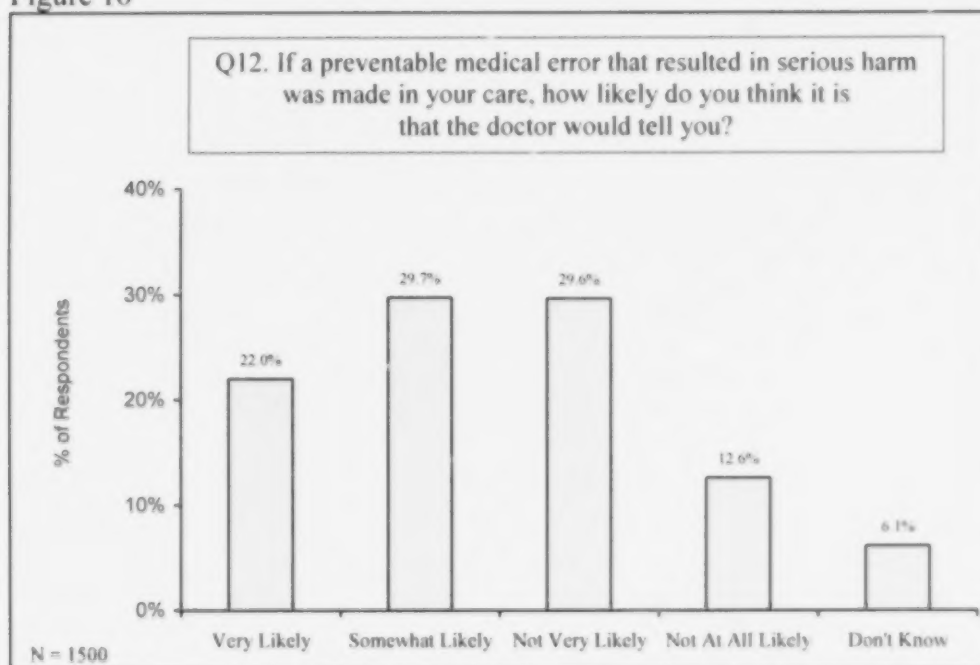


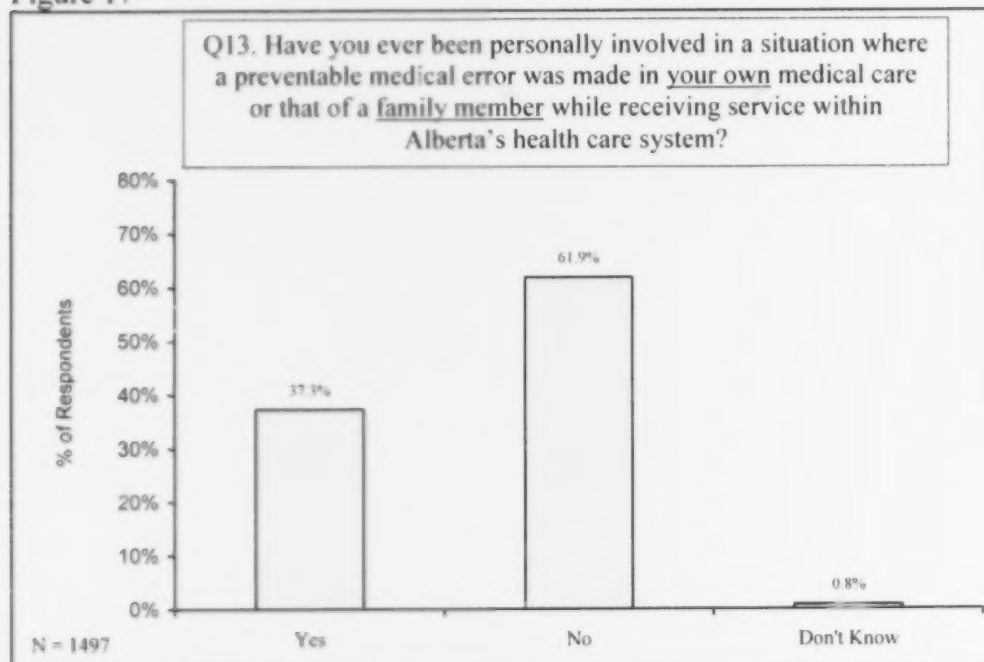
Figure 16



4.5 Personal Experience with Preventable Medical Error in Alberta

Respondents were asked if they had ever experienced a preventable medical error made in their own care or in the care of a family member while receiving service within Alberta's health care system, regardless of when the error occurred in the past and regardless of when their last contact was with the health system in Alberta. Thirty-seven percent (37%) of respondents indicated that they had been personally involved in a situation where a preventable medical error was made in their own care or in the care of a family member while receiving service within Alberta's health care system (see question 13 and Figure 17). Sixty-two percent (62%) had never experienced medical error in Alberta while 1% said that they did not know. Personally experiencing preventable medical error in Alberta did not vary by the respondent's education, household income, or Regional Health Authority. However, persons more likely to have been involved in a situation where a preventable medical error had been made in their own care or in a family member's care while receiving service within Alberta's health care system included females, ages 25 to 64, longer-term residents of Alberta, respondents in poor or fair health, respondents who rated the quality of Alberta's health care system as poor or fair, and persons who had recent contact with Alberta's health care system. (See Tables 11.1 to 11.9 in Appendix B).

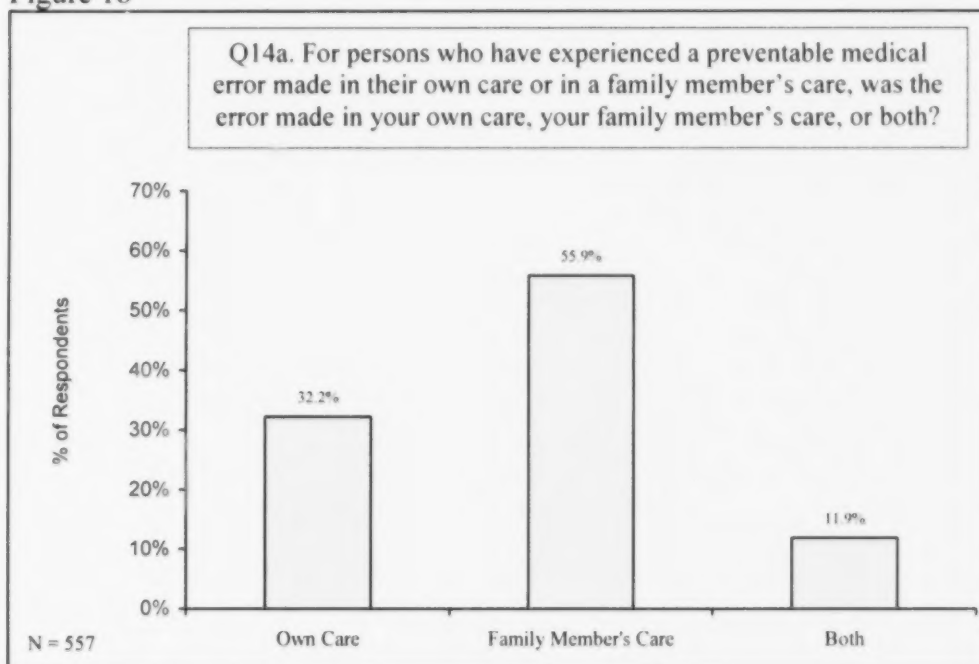
Figure 17



Almost one-third (32%) of respondents (i.e., 180 persons) who had been personally involved in a situation where a preventable medical error had been made in their own care or in a family member's care while receiving service within Alberta's health care

system indicated that the error had been made in their own care, 56% (i.e., 311 persons) said that the error had been made in a family member's care, and 12% (66 persons) indicated that *both* they themselves and a family member had been involved in situations where a preventable medical error was made (see question 14a and Figure 18). Personally experiencing preventable medical error in Alberta did not vary by the respondent's age, length of residence in Alberta, education, household income, Regional Health Authority, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system. However, males were more likely to report that the medical error had been made in the care of a family member while females were more likely to report that medical error had been made in both their own care and the care of a family member. Respondents who reported fair or poor health were more likely to report that the medical error had been made in their own care while respondents who reported better health were more likely to report that the medical error had been made in the care of a family member. Persons in poor health were also more likely to report that medical error had been made in both their own care and the care of a family member. (See Tables 12.1 to 12.9 in Appendix B).

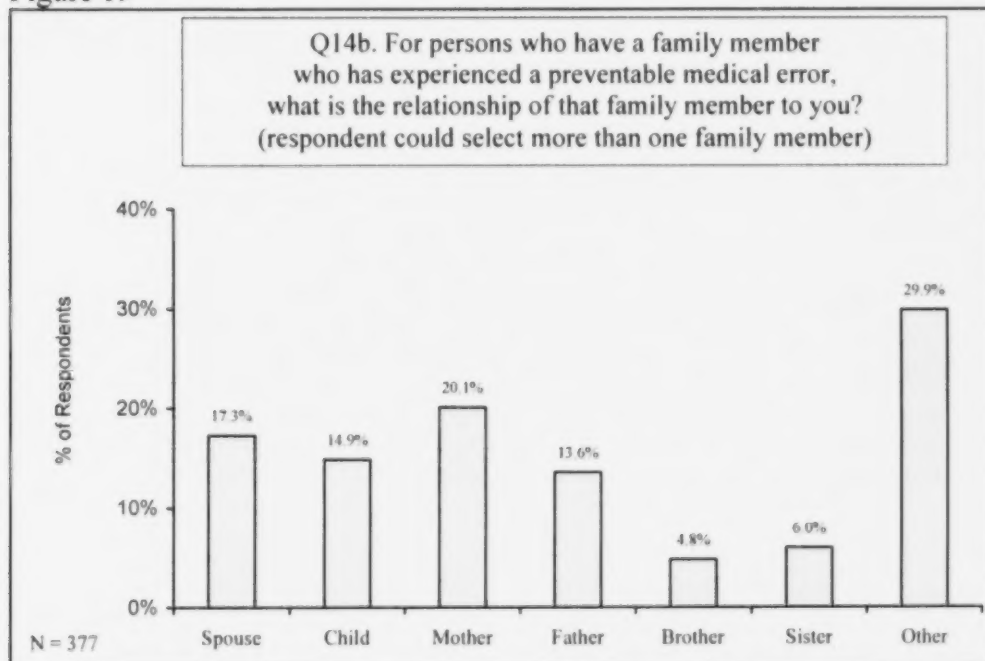
Figure 18



Those 377 respondents who reported that a family member had been involved in a situation where a preventable medical error was made in their health care in Alberta were asked which family members had experienced preventable medical error (see question 14b and Figure 19). Seventeen percent (17%) indicated that the family member who had experienced preventable medical error was their spouse, 15% their child, 20% their mother, 14% their father, 5% a brother, 6% a sister, and 30% said that some other family

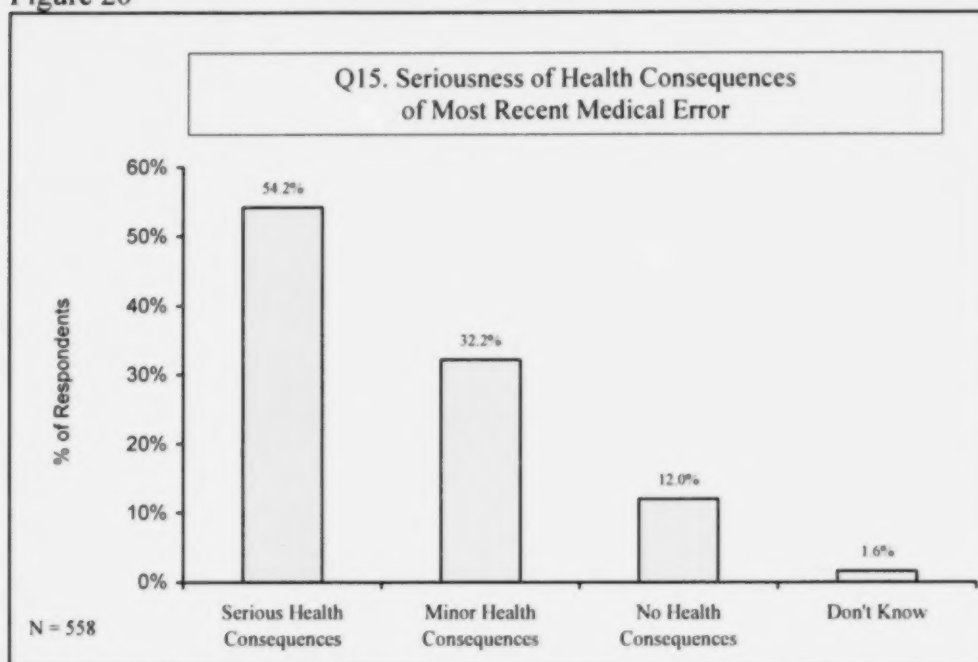
member had experienced preventable medical error in Alberta. The family member who had experienced preventable medical error in Alberta did not vary by the respondent's sex, age, length of residence in Alberta, education, household income, Regional Health Authority, health status, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system except that older respondents were more likely to indicate that a medical error had been made in their spouse's care. (See Tables 13.1 to 13.9 in Appendix B).

Figure 19



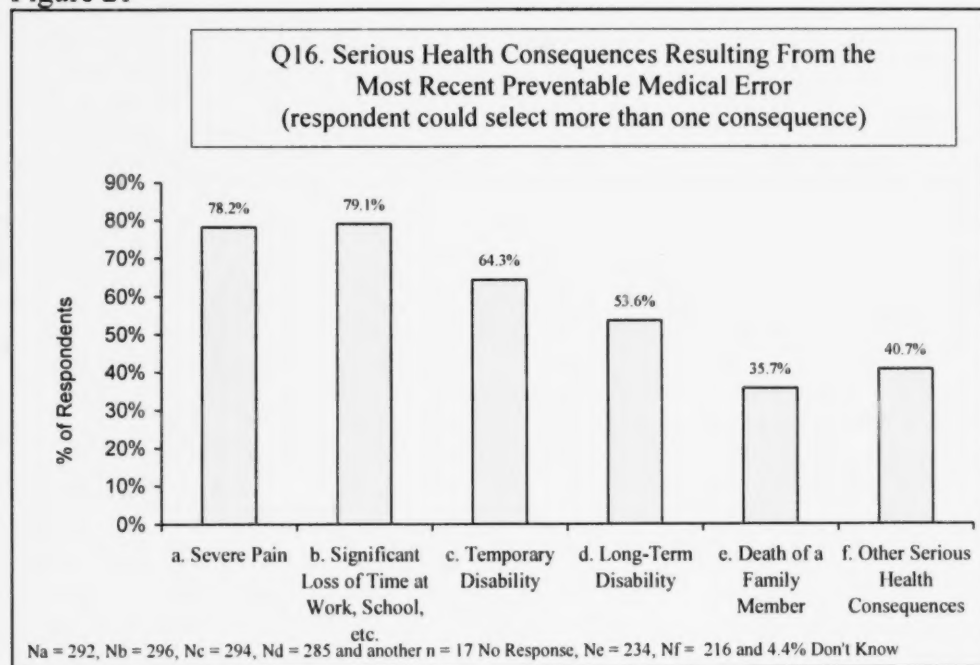
Those respondents who had indicated that they had been personally involved in a situation where a preventable medical error was made in their own care or in the care of a family member while receiving service within Alberta's health care system were asked to think about the error that had occurred most recently (see question 15 and Figure 20). Over half (54%) of respondents (i.e., 302 of 558 persons) who had been involved in a medical error said that the most recent error had serious health consequences, about a third (32%) of respondents (n=180) indicated that the most recent error had minor health consequences, while 12% (n=67) said the error had no health consequences and 2% (n=9) said they did not know how serious the health consequences were. The seriousness of the health consequences for the medical error most recently experienced did not vary by the respondent's sex, age, length of residence in Alberta, education, household income, Regional Health Authority, health status, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system. (See Tables 14.1 to 14.9 in Appendix B).

Figure 20



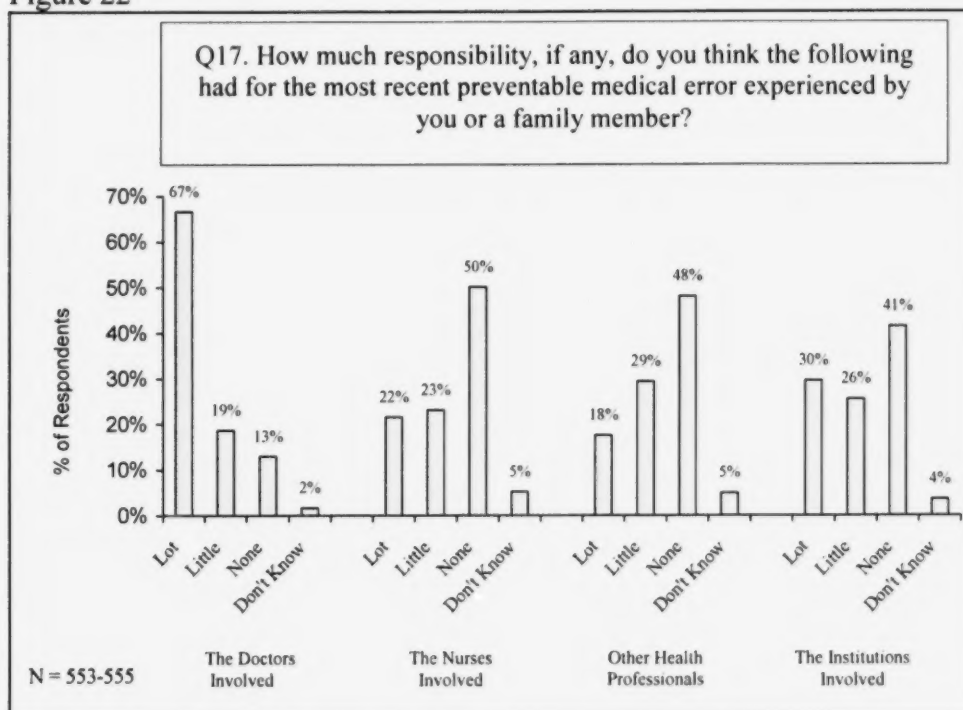
Those 302 respondents who indicated that the most recent medical error that they had been involved in had serious health consequences listed the following consequences: significant loss of time at work, school, or other important life activities (79%), severe pain (78%), temporary disability (64%), long-term disability (54%), death of a family member (36%), and other serious health consequences (41%) (see questions 16a-16f and Figure 21). The serious health consequences of the medical error most recently experienced did not vary by the respondent's sex, age, length of residence in Alberta, education, household income, Regional Health Authority, health status, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system except that persons with more education were more likely to note significant loss of time at work, school, or other important life activities. In addition, persons who reported poor or fair health were more likely to have experienced severe pain and persons who reported poor health were more likely to have experienced long-term disability. Finally, persons who rated the quality of the Alberta health care system as excellent or very good were more likely to report temporary disability as a consequence of the medical error that they had experienced most recently. (See Tables 15.1 to 15.9 in Appendix B).

Figure 21



Regarding the medical error that had occurred most recently, respondents were most likely to assign responsibility for the error that they or a family member had experienced to doctors rather than nurses or other health professionals or the institutions involved (see questions 17a-17d and Figure 22). Blame assigned for the medical error most recently experienced did not vary by the respondent's sex, age, length of residence in Alberta, education, household income, Regional Health Authority, health status, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system except that females, seniors, and respondents living in the Calgary Health Region were more likely to think that nurses had a lot of responsibility for the medical error that had occurred most recently, seniors were less likely to blame the health care institutions involved, and persons who rated the quality of Alberta's health care system as poor or fair were more likely to blame the health care institutions involved. (See Tables 16.1 to 16.9 in Appendix B).

Figure 22



Regarding the medical error that had occurred most recently, 95% of respondents said that they or their family member did not sue the health care professional for malpractice and almost another 2% said they did not know if there had been a malpractice suit. Almost 4% (n=22) said that they or their family member did sue the health professional for malpractice (see question 18 and Figure 23). Suing for malpractice did not vary by the respondent's sex, age, length of residence in Alberta, education, household income, Regional Health Authority, health status, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system. (See Tables 17.1 to 17.9 in Appendix B).

Regarding the medical error that had occurred most recently, 32% of respondents said that the doctor or health professionals involved told them that a medical error had been made in their treatment or in the treatment of a family member while 66% said they were not told and another 2% said they did not know if the health professionals disclosed the error (see question 19 and Figure 24). Disclosure of error by health professionals did not vary by the respondent's sex, length of residence in Alberta, education, household income, Regional Health Authority, health status, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system. However, persons 45 to 64 years of age were more likely to say that the doctor or health professionals involved did not tell them that a medical error had been made. (See Tables 18.1 to 18.9 in Appendix B).

Figure 23

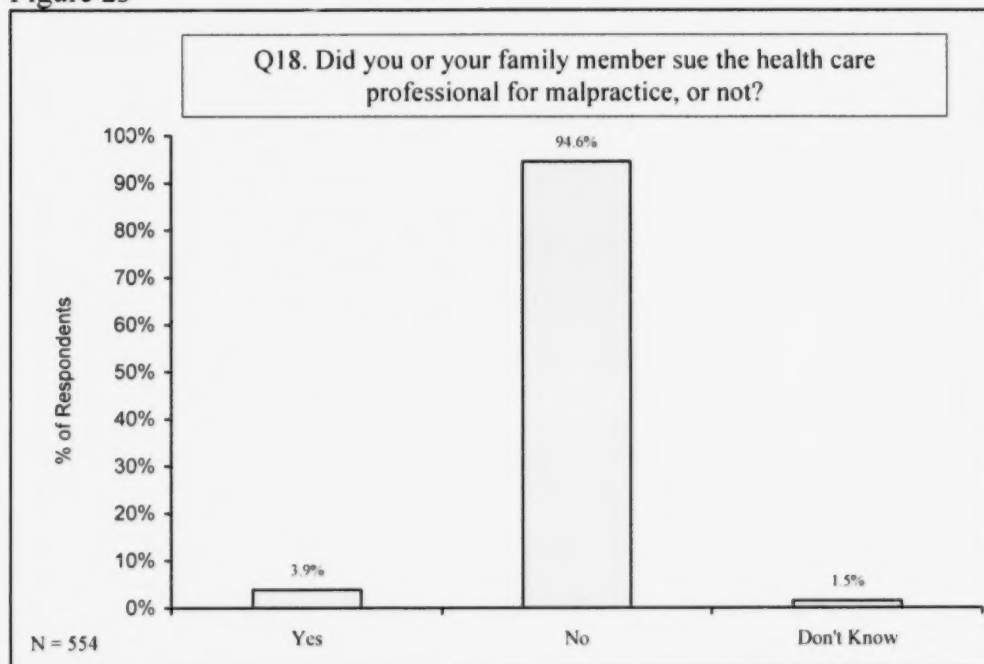
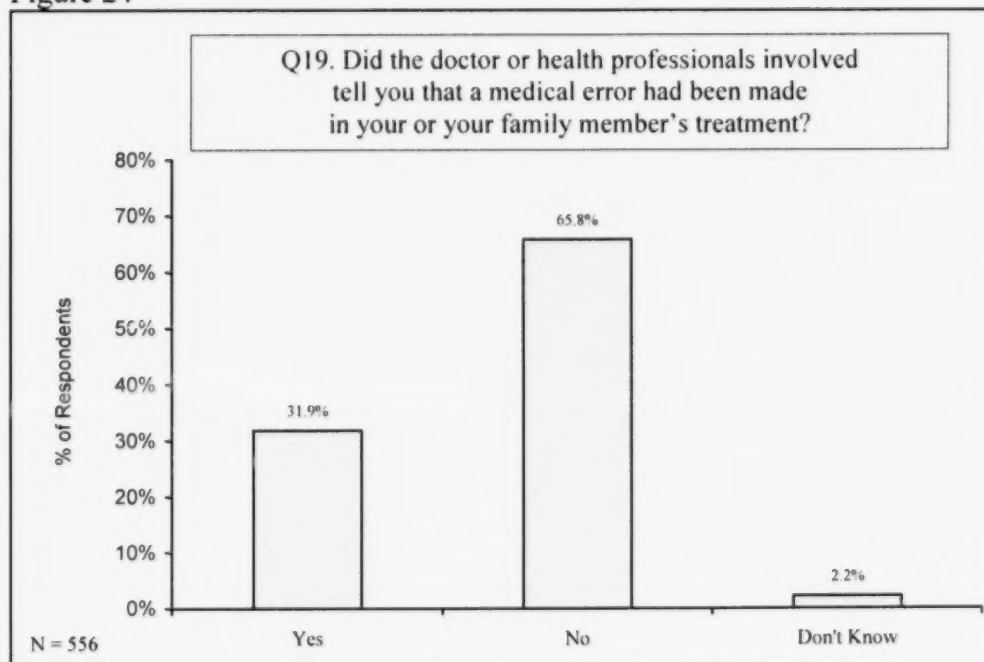
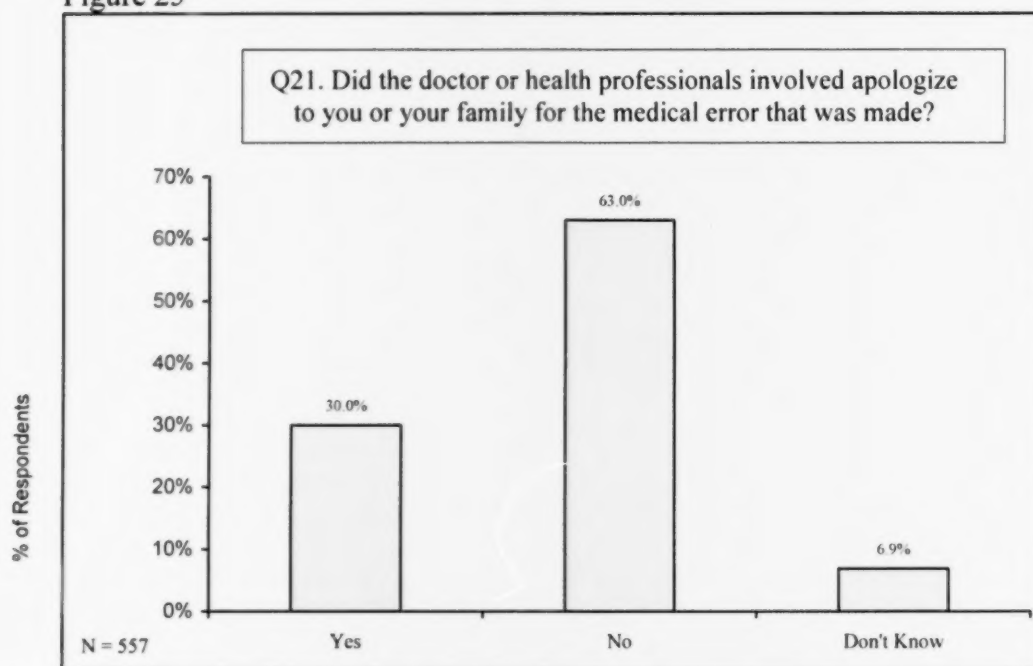


Figure 24



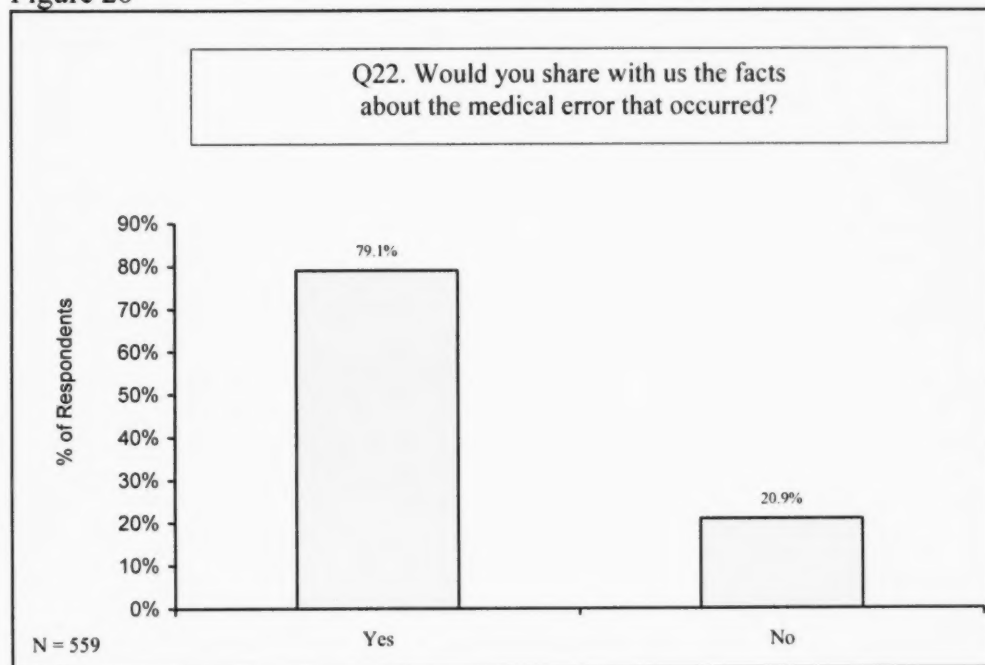
Regarding the medical error that had occurred most recently, 30% of respondents said that the doctor or health professionals apologized for the medical error that had been made in their treatment or in the treatment of a family member while 63% said the doctor or health professionals did not apologize and another 7% said they did not know if the health professionals had apologized (see question 21 and Figure 25). Receiving an apology did not vary by the respondent's sex, length of residence in Alberta, education, household income, Regional Health Authority, health status, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system. However, persons 45 to 64 years of age were more likely to say that they had not received an apology. (See Tables 19.1 to 19.9 in Appendix B).

Figure 25



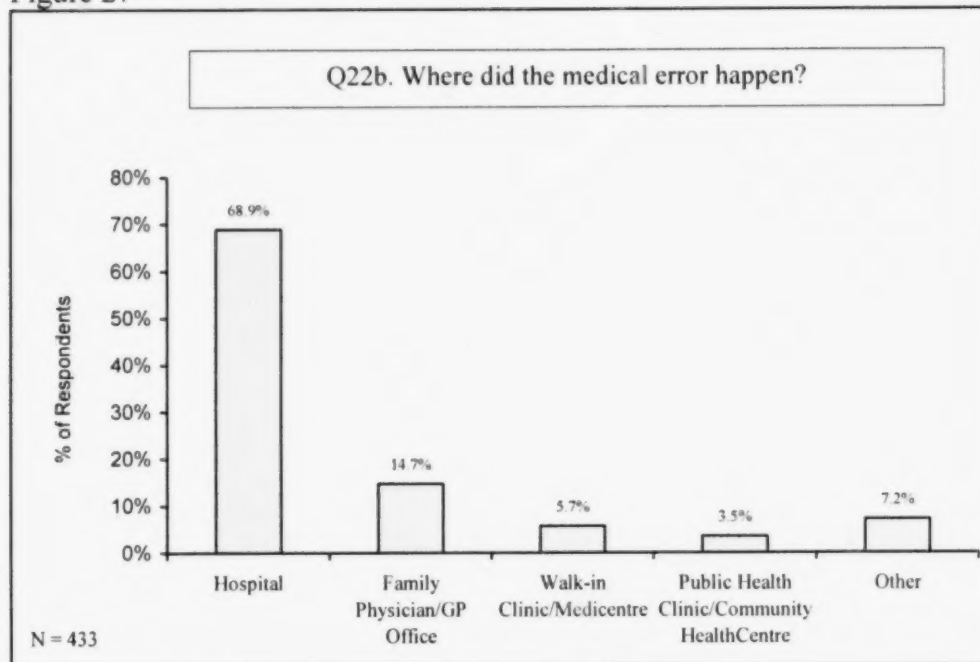
Respondents were asked if they would share the facts about the medical error that had occurred most recently (question 22). Seventy-nine percent (79%; n=442) said yes and 21% (n=117) said no (see Figure 26). The respondent's willingness to share the facts of the most recent medical error did not vary by the respondent's sex, age, length of residence in Alberta, education, household income, Regional Health Authority, health status, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system. (See Tables 20.1 to 20.9 in Appendix B). Please refer to the Alberta Patient Safety Survey 2004-2005, Part B Qualitative Analysis of Open-Ended Survey Questions, prepared by Laura Vanderheyden (see HQCA website www.hqca.ca).

Figure 26



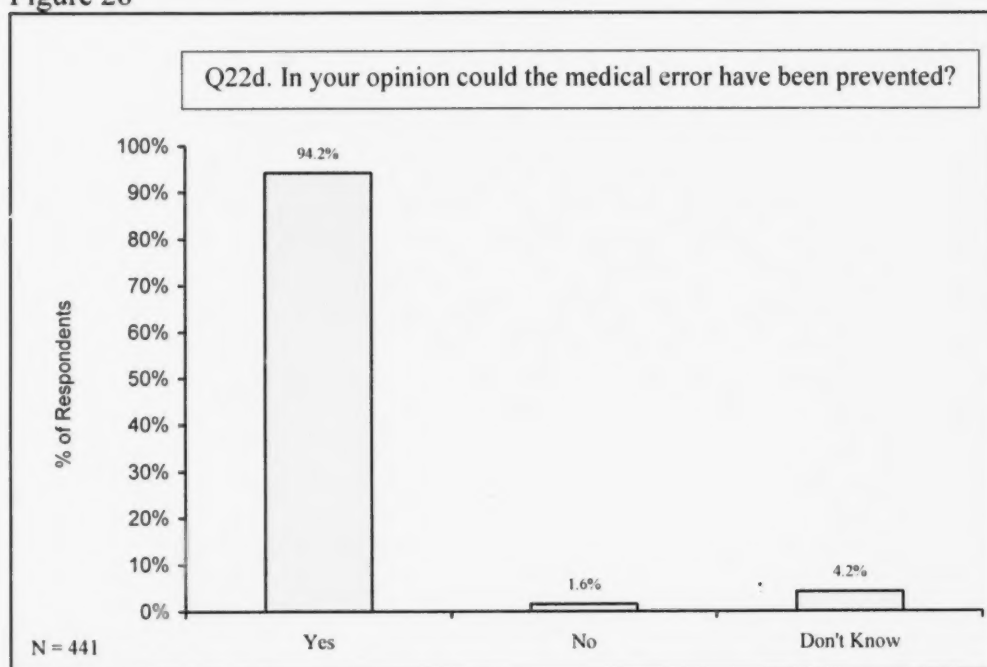
Those respondents who were willing to share the facts about the medical error that they or a family member had been involved in most recently indicated that the error occurred in a hospital (69%; n=298), followed by the office of a family physician or general practitioner (15%; n=63), walk-in clinic or medicentre (6%; n=25), public health clinic or community health centre (4%; n=15), and other locations (7%; n=31) (see question 22b and Figure 27). The location of the most recent medical error experienced by the respondent or the respondent's family member did not vary by the respondent's sex, education, household income, Regional Health Authority, health status, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system. Although the hospital was the most likely location for the most recent medical error for all age groups, 18 to 24 year olds were more likely than other age groups to indicate that the error took place in the hospital and seniors 65+ years of age were more likely than other age groups to indicate that an error had occurred in the office of a family physician or general practitioner. Respondents who had lived in Alberta less than 15 years were more likely than longer-term residents to have experienced their most recent medical error in the office of a family physician or general practitioner or in a public health clinic or community health centre. (See Tables 21.1 to 21.9 in Appendix B).

Figure 27



Ninety-four percent (94%; n=416) of those respondents who were willing to share the facts about the medical error that they or a family member had been involved in most recently indicated that in their opinion the medical error could have been prevented while 2% said that it could not have been prevented and 4% said they did not know if the error had been preventable (see question 22d and Figure 28). Opinion about the whether or not the most recent medical error experienced by the respondent or the respondent's family member was preventable did not vary by the respondent's sex, education, Regional Health Authority, health status, rating of the quality of Alberta's health care system, or recency of contact with Alberta's health care system. However, seniors, respondents who had lived in Alberta 30 or more years, and persons who declined to state their household income were more likely to say that they did not know if the error could have been prevented. (See Tables 22.1 to 22.9 in Appendix B).

Figure 28



APPENDIX A

Methods

A.1 Sampling

Since April 1, 2003 the delivery of public health care in Alberta has been the responsibility of nine health regions (previously there were seventeen health regions). These regions vary greatly in size and demographics. A total of 400 respondents were selected from the Calgary Health Region and another 400 respondents were selected from the Capital Health Region. A total of 100 respondents per region were selected from each of the seven smaller health regions and were grouped together for purposes of analysis.

In order to conduct valid analysis of the province-wide data, the responses from the various health regions were weighted using 2003 Alberta Health Registration Population data provided to the PRL by Alberta Health and Wellness. For example, although 400 interviews were conducted in the Calgary Health Region, the adult population of that region represents 548/1500 of the total adult population of Alberta (meaning that in a proportionate sample, 548 interviews would have been assigned to this region). The responses from the 400 surveys conducted in that region were merged into the full Alberta data with a weight of 1.370. The calculation resulted in the following breakdown of actual surveys and weighted samples for health regions:

Region	Sample Size	Weighted Sample
1 - Calgary	400	548.04
2 - Capital	400	477.12
3 - Other Alberta*	700	474.84
TOTAL	1500	1500

* Chinook, Palliser, David Thompson, East Central, Aspen, Peace Country, and Northern Lights.

Because age and sex quotas were filled exactly in the Calgary and Capital health regions but were only approximated in the group of seven smaller health regions, weights were also applied to the age and sex categories in the group of Other Alberta health regions. The weights attached to the data from each region for the purposes of province-wide analysis are as follows:

Regional Health Authority	Weights
Calgary	1.3700950
Capital	1.1928025
Other Alberta	
Male 18-24	1.042306941
Male 25-44	0.665917225
Male 45-64	0.658437155
Male 65+	0.541890858
Female 18-24	0.850302714
Female 25-44	0.679875512
Female 45-64	0.636910849
Female 65+	0.640283846

Based on the population estimates for each region, quotas were established for the number of interviews to be conducted with persons in specific age and sex categories for

each of the regions. This sampling method assures proportional representation for all age and sex groups. The quota table is reproduced below:

Quota Table By Health Region, Age and Sex					
Age	Sex	Health Region			
		Calgary	Capital	Other Alberta	Total
18-24	Male	26	28	52	106
	Female	26	27	50	103
25-44	Male	87	80	137	304
	Female	88	81	136	305
45-64	Male	63	64	111	238
	Female	62	63	106	231
65+	Male	21	25	50	96
	Female	27	32	58	117
Total		400	400	700	1500

Respondents were selected in the Calgary and Capital health regions so as to exactly match the age and sex quotas. In the group of seven smaller health regions, respondents were chosen in a manner which approximated the age and sex quotas. The distribution of respondents by health region and age and sex categories is shown below.

Respondents By Health Region, Age and Sex												
Age	Sex	Health Region*										
		Calgary	Capital	Other Alberta	1	2	4	5	7	8	9	Total
18-24	Male	26	28	34	4	4	7	4	5	4	6	88
	Female	26	27	40	4	7	4	7	6	5	7	93
25-44	Male	87	80	140	18	21	21	14	17	23	26	307
	Female	88	81	136	11	20	23	16	18	20	28	305
45-64	Male	63	64	114	18	13	17	18	17	15	16	241
	Female	62	63	113	20	18	13	15	19	16	12	238
65+	Male	21	25	62	10	12	5	14	11	8	2	108
	Female	27	32	61	15	5	10	12	7	9	3	120
Total		400	400	700	100	100	100	100	100	100	100	1500

*1 = Chinook, 2 = Palliser, 4 = David Thompson, 5 = East Central, 7 = Aspen, 8 = Peace Country, 9 = Northern Lights

A random digit dialing approach was used to contact respondent households. This method ensures that a random sample of Albertan households is selected. The PRL uses its databank of Alberta telephone numbers to identify which telephone banks (the first five digits of the seven digit telephone number) in each health region (xxx-xyyy) are in operation. A simple program is then used to randomize the last two digits (yy) in each bank. The resultant output is loaded into the CATI system, which randomly allocates these numbers to the various interviewing stations. Once a household had been contacted, the interviewer asked to speak to the person in the household who was 18 years or older and who had the most recent birthday. This method ensures a random sample of Albertans is selected.

As with any telephone-administered survey, certain categories of residents are excluded. These would include all those living in a household without a telephone, many of those living in long-term facilities, and persons residing in correctional facilities.

A.2 Response Rate

One important factor in ensuring the reliability of data collected through random digit dialing surveys is the response rate achieved for the survey. Certain groups of potential respondents are less likely to be available for a telephone interview than others. While the stratified sample used in this survey compensates for age and sex biases, other potential biases can be addressed only by assuring the highest possible response rate.

The PRL uses two methods to improve response rate. First, telephone numbers allocated by the CATI system were redialed at different times of the day before they were coded as "no response." Second, the PRL employs specially trained and experienced "refusal interviewers" to "convert" potential respondents' initial refusals to agreement to participate.

Two methods are used to calculate response rates. The first calculation uses the following formula:

$$\text{Response rate} = \frac{\text{\# of complete interviews}}{\text{\# of completed interviews plus disposition codes 8-10, 13, 20, 65}}$$

Using this formula, the response rate is 54.9%.

A number of categories of uncompleted call dispositions, which are disregarded in the above formula, are incorporated in the following formula. This calculation will show a lower response rate than the above calculation. The formula uses disposition codes from the following table.

$$\text{Response rate} = \frac{\text{\# of completed interviews}}{\text{\# of completed interviews plus disposition codes 1-3, 7-10, 13-15, 20, 21, 25, 65}}$$

Using this method, the response rate is 41.9%.

CATI Disposition	Final Outcome of Call Attempts	Calgary	Capital	Other Alberta	Total
1	No Answer	23	18	220	261
2	Busy	11	2	9	22
3	Answering Machine	48	21	242	311
4	Complete	400	400	700	1500
5	Line Trouble	77	58	139	274
6	Quota Full	458	438	957	1853
7	Call Back	12	7	88	107
8	Initial Refusal	99	67	220	386
9	Incomplete	0	0	0	0
10	Language Problem	40	34	17	91
11	Not in Service	747	471	2191	3409
12	Business/Fax/Second Line	804	549	1224	2577
13	Final Refusal	228	187	224	639
14	Away for the Duration of the Study	22	19	42	83
15	Third Busy on Shift	0	0	0	0
16	No Qualified Respondent	31	32	35	98
20	Deaf/Communication Problem	10	10	25	45
21	Family Crisis/Illness/Death	8	18	17	43
25	Will Call Lab	9	7	3	19
61	8+ calls- Final No Answer	174	157	172	503
62	8+ calls- Final Busy	37	20	40	97
63	8+ calls- Final Answering Machine	217	167	151	535
64	8+ calls- Final Other	0	1	0	1
65	5+ Attempts After Refusal	41	15	15	71
	Total	3496	2698	6731	12925

Alternatively, a participation rate can be computed by comparing the number of persons who agreed to be interviewed out of the total number of eligible persons contacted. Of 2596 eligible persons contacted (disposition codes 4, 8, 13, 65), 1096 declined an interview (disposition codes 8, 13, 65) while 1500 agreed to be interviewed. This yields a refusal rate of 42.2% and a participation rate of 57.8%.

APPENDIX B

Cross-tabulations

Series One: Q3. When people seek help from a health professional, how often do you think preventable medical errors are made in their care?

Table 1.1 Frequency of Preventable Medical Errors by Sex of Respondent

Q3	Sex	
	Male %	Female %
Very Often	2.7	3.8
Somewhat Often	17.9	28.7
Not Very Often	51.6	47.7
Not Often At All	16.2	9.2
Don't Know	11.6	10.6
TOTAL %	100	100
(n)	741	757

$\chi^2 = 35.6$, $df = 4$, $p = .000$

Percentages may not add to 100 due to rounding.

Table 1.2 Frequency of Preventable Medical Errors by Age of Respondent

Q3	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Very Often	3.4	2.8	3.6	3.9
Somewhat Often	26.7	22.7	24.3	19.9
Not Very Often	49.5	49.9	48.6	50.5
Not Often At All	11.7	12.8	13.4	11.7
Don't Know	8.7	11.8	10.0	14.1
TOTAL%	100	100	100	100
(n)	206	617	469	206

$\chi^2 = 7.4$, $df = 12$, $p = .829$

Percentages may not add to 100 due to rounding.

Table 1.3 Frequency of Preventable Medical Errors by Length of Time Lived in Alberta

Q3	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Very Often	1.7	3.5	3.8
Somewhat Often	19.7	23.7	25.0
Not Very Often	55.1	49.9	46.6
Not Often At All	11.3	13.6	13.0
Don't Know	12.2	9.2	11.7
TOTAL%	100	100	100
(n)	345	455	693

$\chi^2 = 12.1$, $df = 8$, $p = .148$

Percentages may not add to 100 due to rounding.

Table 1.4 Frequency of Preventable Medical Errors by Education of Respondent

Q3	Education	
	High School or Less %	More Than High School %
Very Often	4.1	2.8
Somewhat Often	22.3	24.0
Not Very Often	51.6	48.3
Not Often At All	10.4	14.3
Don't Know	11.6	10.6
TOTAL%	100	100
(n)	587	908

$\chi^2 = 7.8$, $df = 4$, $p = .100$ Percentages may not add to 100 due to rounding.

Table 1.5 Frequency of Preventable Medical Errors by Household Income of Respondent

Q3	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Very Often	5.6	3.1	2.6	3.0	2.7
Somewhat Often	27.7	25.8	16.9	22.2	27.2
Not Very Often	44.2	49.0	57.7	47.0	43.5
Not Often At All	10.8	10.8	13.8	17.7	10.2
Don't Know	11.6	11.3	9.1	10.2	16.3
TOTAL%	100	100	100	100	100
(n)	249	453	385	266	147

$\chi^2 = 37.6$, $df = 16$, $p = .002$ Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 1.6 Frequency of Preventable Medical Errors by Health Region

Q3	Health Region		
	Calgary %	Capital %	Other Alberta %
Very Often	1.5	5.2	3.4
Somewhat Often	22.1	24.3	24.1
Not Very Often	49.5	50.2	48.9
Not Often At All	15.0	11.3	11.6
Don't Know	12.0	9.0	12.0
Total%	100	100	100
(n)	548	478	474

$\chi^2 = 18.0$, $df = 8$, $p = .021$ Percentages may not add to 100 due to rounding.

Table 1.7 Frequency of Preventable Medical Errors by Health of Respondent

Q3	Health				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Very Often	2.5	2.3	3.7	5.1	9.3
Somewhat Often	18.3	20.6	28.4	32.1	31.5
Not Very Often	50.7	52.9	45.9	45.3	42.6
Not Often At All	18.3	13.7	7.7	10.9	3.7
Don't Know	10.4	10.5	14.3	6.6	13.0
TOTAL%	100	100	100	100	100
(n)	367	563	377	137	54

 $\chi^2 = 56.7$, $df = 16$, $p = .000$

Percentages may not add to 100 due to rounding.

Table 1.8 Frequency of Preventable Medical Errors by Perceived Quality of Alberta's Health Care System

Q3	Perceived Quality of Alberta's Health Care System				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Very Often	6.9	1.5	2.4	4.6	11.1
Somewhat Often	7.8	16.0	22.6	37.5	44.4
Not Very Often	52.9	52.8	54.3	40.5	24.7
Not Often At All	25.5	19.4	9.1	5.8	8.6
Don't Know	6.9	10.3	11.7	11.6	11.1
TOTAL%	100	100	100	100	100
(n)	102	407	634	259	81

 $\chi^2 = 149$, $df = 16$, $p = .000$

Percentages may not add to 100 due to rounding.

Table 1.9 Frequency of Preventable Medical Errors by Most Recent Contact With Alberta's Health Care System

Q3	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months	7-12 Months	Over 12 Months
	%	%	%
Very Often	3.6	0.8	3.3
Somewhat Often	24.5	19.5	19.5
Not Very Often	48.8	51.2	51.9
Not Often At All	12.0	17.9	14.3
Don't Know	11.1	10.6	11.0
TOTAL%	100	100	100
(n)	1156	123	210

 $\chi^2 = 9.2$, $df = 8$, $p = .326$

Percentages may not add to 100 due to rounding.

Series Two: Q4. Which of the following do you think is the MORE important cause of preventable medical errors that result in serious harm?

Table 2.1 The More Important Cause of Preventable Medical Errors by Sex of Respondent

Q4	Sex	
	Male %	Female %
Mistakes Made by Individual Health Care Professionals	56.6	57.0
Mistakes Made by Institutions Where They Work	22.7	23.7
Both	7.4	9.4
Don't Know	13.3	9.9
TOTAL %	100	100
(n)	739	755

$X^2 = 5.4$, $df = 3$, $p = .142$

Percentages may not add to 100 due to rounding.

Table 2.2 The More Important Cause of Preventable Medical Errors by Age of Respondent

Q4	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Mistakes Made by Individual Health Care Professionals	66.3	60.9	52.3	45.6
Mistakes Made by Institutions Where They Work	20.5	22.2	25.4	23.8
Both	4.9	7.1	11.4	9.2
Don't Know	8.3	9.7	11.0	21.4
TOTAL %	100	100	100	100
(n)	205	616	465	206

$X^2 = 43.4$, $df = 9$, $p = .000$

Percentages may not add to 100 due to rounding.

Table 2.3 The More Important Cause of Preventable Medical Errors by Length of Time Lived in Alberta

Q4	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Mistakes Made by Individual Health Care Professionals	59.1	62.5	52.0
Mistakes Made by Institutions Where They Work	26.1	18.2	25.1
Both	4.9	9.3	9.4
Don't Know	9.9	10.0	13.4
TOTAL%	100	100	100
(n)	345	451	692

$X^2 = 23.2$, $df = 6$, $p = .001$

Percentages may not add to 100 due to rounding.

Table 2.4 The More Important Cause of Preventable Medical Errors by Education of Respondent

Q4	Education	
	High School or Less %	More Than High School %
Mistakes Made by Individual Health Care Professionals	53.3	59.0
Mistakes Made by Institutions Where They Work	23.7	22.8
Both	7.0	9.4
Don't Know	16.0	8.8
TOTAL%	100	100
(n)	582	907

$X^2 = 20.1$, $df = 3$, $p = .000$

Percentages may not add to 100 due to rounding.

Table 2.5 The More Important Cause of Preventable Medical Errors by Household Income of Respondent

Q4	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Mistakes Made by Individual Health Care Professionals	51.0	57.4	61.4	57.7	50.3
Mistakes Made by Institutions Where They Work	25.1	23.5	21.5	25.7	19.3
Both	8.9	8.6	6.7	7.9	12.4
Don't Know	15.0	10.4	10.4	8.7	17.9
TOTAL%	100	100	100	100	100
(n)	247	451	386	265	145

$X^2 = 21.2$, $df = 12$, $p = .047$
Response

Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No

Table 2.6 The More Important Cause of Preventable Medical Errors by Health Region

Q4	Health Region		
	Calgary %	Capital %	Other Alberta %
Mistakes Made by Individual Health Care Professionals	57.4	57.1	55.8
Mistakes Made by Institutions Where They Work	23.3	23.5	22.6
Both	7.7	10.1	7.6
Don't Know	11.6	9.2	14.0
Total%	100	100	100
(n)	544	476	473

$X^2 = 7.0$, $df = 6$, $p = .321$

Percentages may not add to 100 due to rounding.

Table 2.7 The More Important Cause of Preventable Medical Errors by Health of Respondent

Q4	Health				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Mistakes Made by Individual Health Care Professionals	57.7	59.5	54.1	53.3	51.9
Mistakes Made by Institutions Where They Work	21.4	21.6	24.8	27.7	29.6
Both	10.2	6.6	8.5	9.5	11.1
Don't Know	10.7	12.3	12.5	9.5	7.4
TOTAL%	100	100	100	100	100
(n)	364	561	375	137	54

 $\chi^2 = 11.8$, $df = 12$, $p = .459$

Percentages may not add to 100 due to rounding.

Table 2.8 The More Important Cause of Preventable Medical Errors by Perceived Quality of Alberta's Health Care System

Q4	Perceived Quality of Alberta's Health Care System				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Mistakes Made by Individual Health Care Professionals	48.5	59.8	59.1	53.7	48.1
Mistakes Made by Institutions Where They Work	30.1	21.6	20.9	25.5	32.1
Both	6.8	4.7	7.9	15.1	13.6
Don't Know	14.6	13.9	12.2	5.8	6.2
TOTAL%	100	100	100	100	100
(n)	103	403	633	259	81

 $\chi^2 = 46.9$, $df = 12$, $p = .000$

Percentages may not add to 100 due to rounding.

Table 2.9 The More Important Cause of Preventable Medical Errors by Most Recent Contact With Alberta's Health Care System

Q4	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Mistakes Made by Individual Health Care Professionals	55.6	59.3	61.5
Mistakes Made by Institutions Where They Work	24.2	20.3	19.2
Both	8.9	6.5	7.7
Don't Know	11.4	13.8	11.5
TOTAL%	100	100	100
(n)	1151	123	208

 $\chi^2 = 5.0, df = 6, p = .538$

Percentages may not add to 100 due to rounding.

Series Three: Q5. Thinking about preventable medical errors that result in serious harm, how often do you think patients are at least partially responsible for preventable medical errors made in their care?

Table 3.1 Patient Responsibility for Preventable Medical Errors by Sex of Respondent

Q5	Sex	
	Male %	Female %
Very Often	5.3	5.8
Somewhat Often	42.7	43.9
Not Very Often	40.0	42.2
Never	5.8	3.4
Don't Know	6.2	4.6
TOTAL %	100	100
(n)	738	756

 $\chi^2 = 7.2$, df = 4, p = .128

Percentages may not add to 100 due to rounding.

Table 3.2 Patient Responsibility for Preventable Medical Errors by Age of Respondent

Q5	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Very Often	10.2	4.2	4.9	5.9
Somewhat Often	48.5	42.4	43.8	40.0
Not Very Often	34.0	44.9	42.3	34.1
Never	3.9	4.4	4.1	7.3
Don't Know	3.4	4.1	4.9	12.7
TOTAL%	100	100	100	100
(n)	206	615	466	205

 $\chi^2 = 47.2$, df = 12, p = .000

Percentages may not add to 100 due to rounding.

Table 3.3 Patient Responsibility for Preventable Medical Errors by Length of Time Lived in Alberta

Q5	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Very Often	3.8	7.9	4.8
Somewhat Often	43.6	42.3	43.8
Not Very Often	40.4	42.7	40.6
Never	5.8	3.1	4.9
Don't Know	6.4	4.0	5.9
TOTAL%	100	100	100
(n)	344	454	690

 $\chi^2 = 14.1, df = 8, p = .078$

Percentages may not add to 100 due to rounding.

Table 3.4 Patient Responsibility for Preventable Medical Errors by Education of Respondent

Q5	Education	
	High School or Less %	More Than High School %
Very Often	6.7	4.8
Somewhat Often	46.1	41.5
Not Very Often	38.0	43.3
Never	3.9	5.1
Don't Know	5.3	5.4
TOTAL%	100	100
(n)	584	904

 $\chi^2 = 7.5, df = 4, p = .113$

Percentages may not add to 100 due to rounding.

Table 3.5 Patient Responsibility for Preventable Medical Errors by Household Income of Respondent

Q5	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Very Often	6.9	5.5	6.2	3.4	4.1
Somewhat Often	42.7	46.8	44.2	41.0	36.3
Not Very Often	38.6	38.1	43.4	43.6	44.5
Never	6.1	3.3	3.1	7.1	5.5
Don't Know	5.7	6.2	3.1	4.9	9.6
TOTAL%	100	100	100	100	100
(n)	246	451	385	266	146

 $\chi^2 = 27.7, df = 16, p = .035$ Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 3.6 Patient Responsibility for Preventable Medical Errors by Health Region

Q5	Health Region		
	Calgary %	Capital %	Other Alberta %
Very Often	4.8	6.3	5.5
Somewhat Often	43.9	45.0	41.0
Not Very Often	40.4	40.1	42.9
Never	6.0	3.6	4.2
Don't Know	4.9	5.0	6.3
Total%	100	100	100
(n)	547	476	473

 $\chi^2 = 7.3$, $df = 8$, $p = .506$

Percentages may not add to 100 due to rounding.

Table 3.7 Patient Responsibility for Preventable Medical Errors by Health of Respondent

Q5	Health				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Very Often	5.5	5.5	5.6	5.9	5.7
Somewhat Often	44.1	42.9	41.0	50.0	41.5
Not Very Often	40.0	42.5	42.3	35.3	39.6
Never	6.8	2.8	5.0	2.9	9.4
Don't Know	3.6	6.2	6.1	5.9	3.8
TOTAL%	100	100	100	100	100
(n)	365	562	378	136	53

 $\chi^2 = 18.7$, $df = 16$, $p = .285$

Percentages may not add to 100 due to rounding.

Table 3.8 Patient Responsibility for Preventable Medical Errors by Perceived Quality of Alberta's Health Care System

Q5	Perceived Quality of Alberta's Health Care System				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Very Often	12.7	4.4	4.6	7.4	2.5
Somewhat Often	41.2	46.3	42.4	43.0	38.3
Not Very Often	37.3	37.3	45.3	38.4	43.2
Never	4.9	4.9	3.3	5.8	9.9
Don't Know	3.9	7.1	4.4	5.4	6.2
TOTAL%	100	100	100	100	100
(n)	102	408	632	258	81

 $\chi^2 = 33.0$, $df = 16$, $p = .007$

Percentages may not add to 100 due to rounding.

Table 3.9 **Patient Responsibility for Preventable Medical Errors**
by Most Recent Contact With Alberta's Health Care System

Q5	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months	7-12 Months	Over 12 Months
	%	%	%
Very Often	5.4	6.6	4.8
Somewhat Often	42.3	45.9	47.8
Not Very Often	42.1	38.5	36.8
Never	4.1	4.1	8.6
Don't Know	6.1	4.9	1.9
TOTAL%	100	100	100
(n)	1151	122	209

$\chi^2 = 16.9$, $df = 8$, $p = .032$

Percentages may not add to 100 due to rounding.

Series Four: Q6. Is what you know about preventable medical errors based mainly on your own experience, on experiences of your friends and family, or on what you have seen, heard, read on TV, radio or in newspapers?

Table 4.1 Source of Knowledge Regarding Preventable Medical Errors by Sex of Respondent

Q6	Sex	
	Male %	Female %
Mainly on Your Own Experience	18.1	24.2
On Experiences of Your Friends and Family	26.7	29.1
On What You Have Seen, Heard, Read on TV, Radio or in Newspapers	52.1	44.9
Don't Know	3.1	1.7
TOTAL %	100	100
(n)	739	755

 $\chi^2 = 14.4, df = 3, p = .002$

Percentages may not add to 100 due to rounding.

Table 4.2 Source of Knowledge Regarding Preventable Medical Errors by Age of Respondent

Q6	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Mainly on Your Own Experience	15.0	21.7	24.0	19.8
On Experiences of Your Friends and Family	29.6	26.9	29.4	25.6
On What You Have Seen, Heard, Read on TV, Radio or in Newspapers	52.4	49.4	44.9	49.8
Don't Know	2.9	2.0	1.7	4.8
TOTAL %	100	100	100	100
(n)	206	613	470	207

 $\chi^2 = 15.7, df = 9, p = .072$

Percentages may not add to 100 due to rounding.

Table 4.3 Source of Knowledge Regarding Preventable Medical Errors by Length of Time Lived in Alberta

Q6	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Mainly on Your Own Experience	16.0	24.1	22.3
On Experiences of Your Friends and Family	24.4	26.5	30.2
On What You Have Seen, Heard, Read on TV, Radio or in Newspapers	56.7	46.9	45.4
Don't Know	2.9	2.4	2.2
TOTAL%	100	100	100
(n)	344	452	692

 $\chi^2 = 16.5$, $df = 6$, $p = .011$

Percentages may not add to 100 due to rounding.

Table 4.4 Source of Knowledge Regarding Preventable Medical Errors by Education of Respondent

Q6	Education	
	High School or Less %	More Than High School %
Mainly on Your Own Experience	19.6	22.5
On Experiences of Your Friends and Family	28.2	27.2
On What You Have Seen, Heard, Read on TV, Radio or in Newspapers	49.0	48.4
Don't Know	3.2	1.9
TOTAL%	100	100
(n)	586	903

 $\chi^2 = 4.2$, $df = 3$, $p = .240$

Percentages may not add to 100 due to rounding.

Table 4.5 Source of Knowledge Regarding Preventable Medical Errors by Household Income of Respondent

Q6	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Mainly on Your Own Experience	24.3	21.6	19.7	22.6	16.6
On Experiences of Your Friends and Family	22.7	30.4	28.3	28.6	26.2
On What You Have Seen, Heard, Read on TV, Radio or in Newspapers	48.6	46.2	51.2	46.6	51.7
Don't Know	4.5	1.8	0.8	2.3	5.5
TOTAL%	100	100	100	100	100
(n)	247	450	385	266	145

$\chi^2 = 23.6$, $df = 12$, $p = .023$ Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 4.6 Source of Knowledge Regarding Preventable Medical Errors by Health Region

Q6	Health Region		
	Calgary %	Capital %	Other Alberta %
Mainly on Your Own Experience	18.9	25.2	19.9
On Experiences of Your Friends and Family	26.5	28.3	29.2
On What You Have Seen, Heard, Read on TV, Radio or in Newspapers	52.4	44.4	48.0
Don't Know	2.2	2.1	3.0
Total%	100	100	100
(n)	544	477	473

$\chi^2 = 10.2$, $df = 6$, $p = .118$

Percentages may not add to 100 due to rounding.

Table 4.7 Source of Knowledge Regarding Preventable Medical Errors
by Health of Respondent

Q6	Health				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Mainly on Your Own Experience	19.1	17.5	19.1	33.6	57.4
On Experiences of Your Friends and Family	26.8	28.8	29.2	27.0	18.5
On What You Have Seen, Heard, Read on TV, Radio or in Newspapers	51.9	52.1	48.3	37.2	18.5
Don't Know	2.2	1.6	3.4	2.2	5.6
TOTAL%	100	100	100	100	100
(n)	366	559	377	137	54

 $\chi^2 = 72.0$, $df = 12$, $p = .000$

Percentages may not add to 100 due to rounding.

Table 4.8 Source of Knowledge Regarding Preventable Medical Errors
by Perceived Quality of Alberta's Health Care System

Q6	Perceived Quality of Alberta's Health Care System				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Mainly on Your Own Experience	19.6	19.0	18.0	31.3	29.6
On Experiences of Your Friends and Family	17.6	21.5	32.2	27.8	42.0
On What You Have Seen, Heard, Read on TV, Radio or in Newspapers	58.8	57.0	47.6	38.2	27.2
Don't Know	3.9	2.5	2.2	2.7	1.2
TOTAL%	100	100	100	100	100
(n)	102	405	633	259	81

 $\chi^2 = 62.2$, $df = 12$, $p = .000$

Percentages may not add to 100 due to rounding.

Table 4.9 Source of Knowledge Regarding Preventable Medical Errors
by Most Recent Contact With Alberta's Health Care System

Q6	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Mainly on Your Own Experience	22.5	17.2	15.9
On Experiences of Your Friends and Family	29.1	26.2	23.2
On What You Have Seen, Heard, Read on TV, Radio or in Newspapers	45.8	56.6	58.0
Don't Know	2.6	0.0	2.9
TOTAL%	100	100	100
(n)	1153	122	207

$\chi^2 = 17.4$, $df = 6$, $p = .008$

Percentages may not add to 100 due to rounding.

Series Five: Q7. How important are the following as potential causes of preventable medical errors that result in serious harm to the patient?

Table 5.1 Importance of Potential Causes of Preventable Medical Errors by Sex of Respondent

Q7	Mean Score by Sex			
	Male	Female	N	p
Poor Training of Health Professionals	2.99	3.07	1374	.149
Overwork, Stress, or Fatigue of Health Professionals	3.54	3.68	1471	.000
Not Enough Nurses in Hospitals	3.42	3.62	1423	.000
Uncaring Health Professionals	2.81	2.92	1433	.053
Poor Supervision of Health Professionals	2.97	3.12	1345	.001
Health Professionals Not Working Together/ or Not Communicating as a Team	3.40	3.52	1418	.002
Doctors not having enough time with their patients	3.45	3.62	1465	.000
Poor Handwriting by Health Professionals	2.93	3.13	1399	.000
Medical Care Being Very Complicated	3.05	3.17	1376	.008
Lack of Computerized Medical Records	2.77	2.88	1340	.034

Mean scale scores where 4= very important, 3= somewhat important, 2= not very important and 1= not at all important. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Table 5.2 Importance of Potential Causes of Preventable Medical Errors by Age of Respondent

Q7	Mean Score by Age					
	18-24	25-44	45-64	65+	N	p
Poor Training of Health Professionals	3.23	3.05	2.87	3.17	1374	.000
Overwork, Stress, or Fatigue of Health Professionals	3.54	3.63	3.64	3.52	1471	.036
Not Enough Nurses in Hospitals	3.54	3.48	3.54	3.63	1423	.097
Uncaring Health Professionals	3.11	2.83	2.77	2.94	1433	.001
Poor Supervision of Health Professionals	2.94	3.05	2.98	3.26	1345	.001
Health Professionals Not Working Together/ or Not Communicating as a Team	3.40	3.50	3.42	3.46	1418	.224
Doctors not having enough time with their patients	3.50	3.55	3.54	3.52	1465	.816
Poor Handwriting by Health Professionals	2.77	3.01	3.10	3.22	1399	.000
Medical Care Being Very Complicated	2.96	3.07	3.13	3.32	1376	.000
Lack of Computerized Medical Records	2.85	2.76	2.82	3.06	1340	.004

Mean scale scores where 4= very important, 3= somewhat important, 2= not very important and 1= not at all important. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Table 5.3 Importance of Potential Causes of Preventable Medical Errors
by Length of Time Lived in Alberta

Q7	Mean Score by Length of Time Lived in Alberta (in years)				
	< 15	15-29	30+	N	p
Poor Training of Health Professionals	3.19	3.04	2.95	1369	.002
Overwork, Stress, or Fatigue of Health Professionals	3.63	3.59	3.60	1465	.735
Not Enough Nurses in Hospitals	3.48	3.53	3.55	1418	.329
Uncaring Health Professionals	2.90	2.87	2.83	1428	.603
Poor Supervision of Health Professionals	3.06	2.99	3.07	1339	.298
Health Professionals Not Working Together/ or Not Communicating as a Team	3.47	3.45	3.45	1412	.881
Doctors not having enough time with their patients	3.53	3.53	3.54	1460	.987
Poor Handwriting by Health Professionals	3.01	2.91	3.12	1393	.002
Medical Care Being Very Complicated	3.09	3.02	3.18	1371	.006
Lack of Computerized Medical Records	2.80	2.83	2.84	1335	.794

Mean scale scores where 4= very important, 3= somewhat important, 2= not very important and 1= not at all important. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Table 5.4 Importance of Potential Causes of Preventable Medical Errors
by Education of Respondent

Q7	Mean Score by Education			
	High School or Less	More than High School	N	p
Poor Training of Health Professionals	3.17	2.94	1369	.000
Overwork, Stress, or Fatigue of Health Professionals	3.64	3.59	1466	.108
Not Enough Nurses in Hospitals	3.63	3.46	1418	.000
Uncaring Health Professionals	3.10	2.71	1428	.000
Poor Supervision of Health Professionals	3.17	2.96	1340	.000
Health Professionals Not Working Together/ or Not Communicating as a Team	3.49	3.43	1413	.154
Doctors not having enough time with their patients	3.58	3.51	1460	.062
Poor Handwriting by Health Professionals	3.13	2.96	1393	.001
Medical Care Being Very Complicated	3.21	3.04	1371	.000
Lack of Computerized Medical Records	2.97	2.73	1334	.000

Mean scale scores where 4= very important, 3= somewhat important, 2= not very important and 1= not at all important. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Table 5.5 Importance of Potential Causes of Preventable Medical Errors by Household Income of Respondent

Q7	Mean Score by Household Income						
	< 30K	30-59K	60-99K	100K+	DK/NR	N	p
Poor Training of Health Professionals	3.30	3.07	2.90	2.82	3.21	1374	.000
Overwork, Stress, or Fatigue of Health Professionals	3.63	3.62	3.60	3.55	3.63	1471	.567
Not Enough Nurses in Hospitals	3.61	3.60	3.46	3.44	3.47	1423	.003
Uncaring Health Professionals	3.12	2.90	2.75	2.64	3.03	1433	.000
Poor Supervision of Health Professionals	3.22	3.06	2.97	2.92	3.09	1345	.003
Health Professionals Not Working Together/ or Not Communicating as a Team	3.47	3.48	3.41	3.43	3.53	1418	.461
Doctors not having enough time with their patients	3.61	3.58	3.53	3.44	3.44	1465	.012
Poor Handwriting by Health Professionals	3.24	3.08	2.92	2.85	3.13	1399	.000
Medical Care Being Very Complicated	3.26	3.18	2.96	3.07	3.10	1376	.000
Lack of Computerized Medical Records	3.04	2.80	2.76	2.74	2.91	1340	.003

Mean scale scores where 4= very important, 3= somewhat important, 2= not very important and 1= not at all important.

"Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference. DK/NR = Don't Know/No Response.

Table 5.6 Importance of Potential Causes of Preventable Medical Errors by Regions

Q7	Mean Score by Health Region				
	1	2	3	N	p
Poor Training of Health Professionals	3.00	3.04	3.06	1374	.699
Overwork, Stress, or Fatigue of Health Professionals	3.57	3.62	3.64	1471	.205
Not Enough Nurses in Hospitals	3.44	3.57	3.58	1423	.003
Uncaring Health Professionals	2.80	2.86	2.93	1433	.147
Poor Supervision of Health Professionals	3.06	3.03	3.04	1345	.895
Health Professionals Not Working Together/ or Not Communicating as a Team	3.44	3.48	3.46	1418	.742
Doctors not having enough time with their patients	3.47	3.58	3.55	1465	.026
Poor Handwriting by Health Professionals	3.02	3.01	3.07	1399	.620
Medical Care Being Very Complicated	3.07	3.14	3.13	1376	.404
Lack of Computerized Medical Records	2.81	2.84	2.84	1340	.833

Mean scale scores where 4= very important, 3= somewhat important, 2= not very important and 1= not at all important.

"Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Table 5.7 Importance of Potential Causes of Preventable Medical Errors by Health of Respondent

Q7	Mean Score by Health						p
	Excellent	Very Good	Good	Fair	Poor	N	
Poor Training of Health Professionals	3.04	2.98	3.06	3.17	3.02	1373	.392
Overwork, Stress, or Fatigue of Health Professionals	3.57	3.64	3.58	3.57	3.76	1470	.128
Not Enough Nurses in Hospitals	3.40	3.53	3.56	3.64	3.74	1421	.001
Uncaring Health Professionals	2.70	2.80	2.96	3.12	3.25	1431	.000
Poor Supervision of Health Professionals	2.91	3.00	3.10	3.30	3.26	1344	.000
Health Professionals Not Working Together/ or Not Communicating as a Team	3.41	3.42	3.48	3.57	3.70	1416	.019
Doctors not having enough time with their patients	3.50	3.50	3.57	3.63	3.68	1464	.052
Poor Handwriting by Health Professionals	2.90	3.01	3.10	3.17	3.23	1397	.009
Medical Care Being Very Complicated	3.06	3.03	3.20	3.20	3.34	1375	.005
Lack of Computerized Medical Records	2.66	2.88	2.82	3.00	3.07	1338	.001

Mean scale scores where 4= very important, 3= somewhat important, 2= not very important and 1= not at all important. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Table 5.8 Importance of Potential Causes of Preventable Medical Errors by Perceived Quality of Alberta's Health Care System

Q7	Mean Score by Perceived Quality of Alberta's Health Care System						p
	Excellent	Very Good	Good	Fair	Poor	N	
Poor Training of Health Professionals	2.88	3.00	3.02	3.07	3.26	1362	.155
Overwork, Stress, or Fatigue of Health Professionals	3.49	3.61	3.59	3.68	3.69	1459	.056
Not Enough Nurses in Hospitals	3.40	3.43	3.53	3.65	3.68	1412	.000
Uncaring Health Professionals	2.86	2.66	2.87	3.01	3.36	1419	.000
Poor Supervision of Health Professionals	2.99	2.93	3.02	3.16	3.52	1335	.000
Health Professionals Not Working Together/ or Not Communicating as a Team	3.34	3.41	3.46	3.52	3.67	1405	.015
Doctors not having enough time with their patients	3.30	3.47	3.52	3.71	3.76	1452	.000
Poor Handwriting by Health Professionals	3.06	2.99	3.00	3.07	3.27	1387	.142
Medical Care Being Very Complicated	3.11	3.07	3.09	3.20	3.19	1363	.304
Lack of Computerized Medical Records	2.88	2.85	2.77	2.87	3.02	1327	.188

Mean scale scores where 4= very important, 3= somewhat important, 2= not very important and 1= not at all important. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Table 5.9 Importance of Potential Causes of Preventable Medical Errors by Most Recent Contact with Alberta's Health Care System

Q7	Mean Score by Most Recent Contact with Alberta's Health Care System (in months)				
	≤ 6	7-12	> 12	N	p
Poor Training of Health Professionals	3.03	2.94	3.04	1362	.641
Overwork, Stress, or Fatigue of Health Professionals	3.62	3.55	3.57	1459	.378
Not Enough Nurses in Hospitals	3.55	3.48	3.45	1410	.165
Uncaring Health Professionals	2.88	2.65	2.87	1420	.091
Poor Supervision of Health Professionals	3.04	2.98	3.07	1333	.728
Health Professionals Not Working Together/ or Not Communicating as a Team	3.45	3.41	3.48	1405	.723
Doctors not having enough time with their patients	3.56	3.48	3.44	1453	.041
Poor Handwriting by Health Professionals	3.02	3.08	3.01	1386	.809
Medical Care Being Very Complicated	3.12	3.04	3.08	1364	.523
Lack of Computerized Medical Records	2.83	2.86	2.81	1328	.902

Mean scale scores where 4= very important, 3= somewhat important, 2= not very important and 1= not at all important. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Series Six: Q8. Please indicate how effective you think each of the following possible solutions would be in reducing preventable medical errors that result in serious harm?

Table 6.1 Effectiveness of Potential Solutions for Reducing Preventable Medical Errors by Sex of Respondent

Q8	Mean Score by Sex			
	Male	Female	N	p
Better Training of Health Professionals	3.35	3.42	1457	.082
Increasing the Number of Hospital Nurses	3.40	3.59	1463	.000
Reducing the Work Hours of Doctors in Training to Avoid Fatigue	3.48	3.66	1432	.000
Using ONLY Doctors Specially Trained in Intensive Care Medicine on Intensive Care Units	3.46	3.56	1370	.004
Including a Pharmacist on Hospital Rounds When Doctors Review the Progress of Patients	3.00	3.21	1351	.000
Giving Doctors More Time to Spend With Patients	3.44	3.65	1482	.000
More Use of Computerized Medical Records	3.11	3.21	1376	.015
More Use of Computers Instead of Paper Records For Ordering Drugs and Medical Tests	3.14	3.17	1356	.470
Limiting Certain High-Risk Medical Procedures to Hospitals That Do a Lot of These Procedures	3.28	3.38	1353	.018
Requiring Hospitals to Report All Serious Medical Errors to a Provincial Agency	3.64	3.74	1450	.004
Encouraging Hospitals to Voluntarily Report Serious Medical Errors to a Provincial Agency	3.21	3.41	1448	.000
Having Hospitalized Patients be Taken Care of by Hospital Doctors Rather Than Their Regular Doctors	2.65	2.61	1330	.467
More Lawsuits for Malpractice	2.15	2.26	1374	.050
Having a Governmental Agency Fine Health Professionals Who Make Medical Errors	2.79	2.87	1399	.113
Suspending the License of Health Professionals Who Make Medical Errors	2.98	3.07	1390	.067
Requiring Hospitals to Develop Systems to Avoid Medical Errors	3.63	3.76	1458	.000

Mean scale scores where 4= very effective, 3= somewhat effective, 2= not very effective and 1= not effective at all. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. $p \leq .05$ indicates a statistically significant difference.

Table 6.2 Effectiveness of Potential Solutions for Reducing Preventable Medical Errors by Age of Respondent

Q8	Mean Score by Age					
	18-24	25-44	45-64	65+	N	p
Better Training of Health Professionals	3.46	3.37	3.34	3.48	1457	.070
Increasing the Number of Hospital Nurses	3.51	3.47	3.47	3.60	1463	.121
Reducing the Work Hours of Doctors in Training to Avoid Fatigue	3.39	3.56	3.65	3.62	1432	.000
Using ONLY Doctors Specially Trained in Intensive Care Medicine on Intensive Care Units	3.54	3.53	3.47	3.53	1370	.502
Including a Pharmacist on Hospital Rounds When Doctors Review the Progress of Patients	3.06	3.17	3.06	3.07	1351	.186
Giving Doctors More Time to Spend With Patients	3.52	3.57	3.53	3.55	1482	.669
More Use of Computerized Medical Records	3.02	3.12	3.18	3.37	1376	.000
More Use of Computers Instead of Paper Records For Ordering Drugs and Medical Tests	3.11	3.17	3.11	3.29	1356	.099
Limiting Certain High-Risk Medical Procedures to Hospitals That Do a Lot of These Procedures	3.17	3.33	3.36	3.44	1353	.006
Requiring Hospitals to Report All Serious Medical Errors to a Provincial Agency	3.67	3.70	3.71	3.65	1450	.655
Encouraging Hospitals to Voluntarily Report Serious Medical Errors to a Provincial Agency	3.24	3.28	3.34	3.40	1448	.237
Having Hospitalized Patients be Taken Care of by Hospital Doctors Rather Than Their Regular Doctors	2.64	2.70	2.57	2.56	1330	.110
More Lawsuits for Malpractice	2.48	2.20	2.09	2.19	1374	.000
Having a Governmental Agency Fine Health Professionals Who Make Medical Errors	2.98	2.84	2.75	2.80	1399	.058
Suspending the License of Health Professionals Who Make Medical Errors	2.96	2.96	3.08	3.19	1390	.010
Requiring Hospitals to Develop Systems to Avoid Medical Errors	3.67	3.71	3.69	3.70	1458	.827

Mean scale scores where 4= very effective, 3= somewhat effective, 2= not very effective and 1= not effective at all. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Table 6.3 Effectiveness of Potential Solutions for Reducing Preventable Medical Errors by Length of Time Lived in Alberta

Q8	Mean Score by Length of Time Lived in Alberta (in years)				
	< 15	15-29	30+	N	p
Better Training of Health Professionals	3.49	3.36	3.35	1452	.012
Increasing the Number of Hospital Nurses	3.53	3.46	3.49	1458	.367
Reducing the Work Hours of Doctors in Training to Avoid Fatigue	3.52	3.53	3.63	1426	.008
Using ONLY Doctors Specially Trained in Intensive Care Medicine on Intensive Care Units	3.50	3.46	3.55	1365	.087
Including a Pharmacist on Hospital Rounds When Doctors Review the Progress of Patients	3.08	3.08	3.13	1345	.555
Giving Doctors More Time to Spend With Patients	3.51	3.56	3.56	1477	.465
More Use of Computerized Medical Records	3.12	3.08	3.23	1371	.011
More Use of Computers Instead of Paper Records For Ordering Drugs and Medical Tests	3.12	3.12	3.19	1351	.311
Limiting Certain High-Risk Medical Procedures to Hospitals That Do a Lot of These Procedures	3.31	3.27	3.39	1348	.036
Requiring Hospitals to Report All Serious Medical Errors to a Provincial Agency	3.67	3.68	3.70	1444	.731
Encouraging Hospitals to Voluntarily Report Serious Medical Errors to a Provincial Agency	3.23	3.28	3.37	1442	.063
Having Hospitalized Patients be Taken Care of by Hospital Doctors Rather Than Their Regular Doctors	2.71	2.63	2.59	1326	.153
More Lawsuits for Malpractice	2.25	2.29	2.12	1370	.016
Having a Governmental Agency Fine Health Professionals Who Make Medical Errors	2.89	2.88	2.76	1396	.050
Suspending the License of Health Professionals Who Make Medical Errors	2.99	3.00	3.06	1385	.410
Requiring Hospitals to Develop Systems to Avoid Medical Errors	3.69	3.70	3.70	1453	.947

Mean scale scores where 4= very effective, 3= somewhat effective, 2= not very effective and 1= not effective at all. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Table 6.4 Effectiveness of Potential Solutions for Reducing Preventable Medical Errors by Education of Respondent

Q8	Mean Score by Education			
	High School or Less	More than High School	N	p
Better Training of Health Professionals	3.54	3.29	1452	.000
Increasing the Number of Hospital Nurses	3.60	3.42	1457	.000
Reducing the Work Hours of Doctors in Training to Avoid Fatigue	3.64	3.53	1427	.002
Using ONLY Doctors Specially Trained in Intensive Care Medicine on Intensive Care Units	3.63	3.43	1367	.000
Including a Pharmacist on Hospital Rounds When Doctors Review the Progress of Patients	3.17	3.06	1346	.035
Giving Doctors More Time to Spend With Patients	3.61	3.51	1477	.002
More Use of Computerized Medical Records	3.25	3.10	1371	.001
More Use of Computers Instead of Paper Records For Ordering Drugs and Medical Tests	3.24	3.10	1353	.002
Limiting Certain High-Risk Medical Procedures to Hospitals That Do a Lot of These Procedures	3.37	3.31	1348	.208
Requiring Hospitals to Report All Serious Medical Errors to a Provincial Agency	3.73	3.66	1445	.040
Encouraging Hospitals to Voluntarily Report Serious Medical Errors to a Provincial Agency	3.49	3.19	1443	.000
Having Hospitalized Patients be Taken Care of by Hospital Doctors Rather Than Their Regular Doctors	2.67	2.61	1325	.201
More Lawsuits for Malpractice	2.42	2.07	1368	.000
Having a Governmental Agency Fine Health Professionals Who Make Medical Errors	3.02	2.70	1394	.000
Suspending the License of Health Professionals Who Make Medical Errors	3.09	2.99	1385	.029
Requiring Hospitals to Develop Systems to Avoid Medical Errors	3.73	3.68	1453	.095

Mean scale scores where 4= very effective, 3= somewhat effective, 2= not very effective and 1= not effective at all. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Table 6.5 Effectiveness of Potential Solutions for Reducing Preventable Medical Errors by Household Income of Respondent

Q8	Mean Score by Household Income						
	< 30K	30-59K	60-99K	100K+	DK/NR	N	p
Better Training of Health Professionals	3.60	3.41	3.31	3.23	3.47	1457	.000
Increasing the Number of Hospital Nurses	3.59	3.54	3.45	3.41	3.46	1463	.007
Reducing the Work Hours of Doctors in Training to Avoid Fatigue	3.62	3.63	3.51	3.52	3.59	1432	.043
Using ONLY Doctors Specially Trained in Intensive Care Medicine on Intensive Care Units	3.63	3.54	3.46	3.46	3.47	1370	.028
Including a Pharmacist on Hospital Rounds When Doctors Review the Progress of Patients	3.17	3.17	3.05	2.99	3.12	1351	.069
Giving Doctors More Time to Spend With Patients	3.60	3.59	3.50	3.49	3.54	1482	.080
More Use of Computerized Medical Records	3.26	3.14	3.09	3.13	3.30	1376	.027
More Use of Computers Instead of Paper Records For Ordering Drugs and Medical Tests	3.11	3.13	3.17	3.18	3.22	1356	.736
Limiting Certain High-Risk Medical Procedures to Hospitals That Do a Lot of These Procedures	3.37	3.38	3.29	3.34	3.22	1353	.187
Requiring Hospitals to Report All Serious Medical Errors to a Provincial Agency	3.74	3.70	3.68	3.62	3.76	1450	.143
Encouraging Hospitals to Voluntarily Report Serious Medical Errors to a Provincial Agency	3.47	3.38	3.18	3.21	3.36	1448	.000
Having Hospitalized Patients be Taken Care of by Hospital Doctors Rather Than Their Regular Doctors	2.59	2.68	2.65	2.63	2.50	1330	.348
More Lawsuits for Malpractice	2.58	2.15	2.09	2.13	2.19	1374	.000
Having a Governmental Agency Fine Health Professionals Who Make Medical Errors	3.02	2.91	2.73	2.67	2.80	1399	.000
Suspending the License of Health Professionals Who Make Medical Errors	3.22	3.01	3.00	2.89	3.06	1390	.002
Requiring Hospitals to Develop Systems to Avoid Medical Errors	3.74	3.68	3.71	3.69	3.65	1458	.609

Mean scale scores where 4= very effective, 3= somewhat effective, 2= not very effective and 1= not effective at all.

"Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference. DK/NR = Don't Know/No Response.

Table 6.6 Effectiveness of Potential Solutions for Reducing Preventable Medical Errors by Regions

Q8	Mean Score by Health Region				
	1	2	3	N	p
Better Training of Health Professionals	3.34	3.41	3.42	1457	.217
Increasing the Number of Hospital Nurses	3.45	3.50	3.55	1463	.069
Reducing the Work Hours of Doctors in Training to Avoid Fatigue	3.56	3.57	3.59	1432	.735
Using ONLY Doctors Specially Trained in Intensive Care Medicine on Intensive Care Units	3.46	3.53	3.55	1370	.125
Including a Pharmacist on Hospital Rounds When Doctors Review the Progress of Patients	3.04	3.15	3.13	1351	.131
Giving Doctors More Time to Spend With Patients	3.47	3.60	3.59	1482	.001
More Use of Computerized Medical Records	3.17	3.12	3.19	1376	.453
More Use of Computers Instead of Paper Records For Ordering Drugs and Medical Tests	3.16	3.14	3.16	1356	.875
Limiting Certain High-Risk Medical Procedures to Hospitals That Do a Lot of These Procedures	3.27	3.37	3.36	1353	.096
Requiring Hospitals to Report All Serious Medical Errors to a Provincial Agency	3.68	3.70	3.69	1450	.858
Encouraging Hospitals to Voluntarily Report Serious Medical Errors to a Provincial Agency	3.26	3.30	3.39	1448	.106
Having Hospitalized Patients be Taken Care of by Hospital Doctors Rather Than Their Regular Doctors	2.68	2.62	2.59	1330	.287
More Lawsuits for Malpractice	2.15	2.18	2.29	1374	.104
Having a Governmental Agency Fine Health Professionals Who Make Medical Errors	2.79	2.84	2.86	1399	.530
Suspending the License of Health Professionals Who Make Medical Errors	2.98	3.04	3.06	1390	.339
Requiring Hospitals to Develop Systems to Avoid Medical Errors	3.67	3.73	3.69	1458	.182

Mean scale scores where 4= very effective, 3= somewhat effective, 2= not very effective and 1= not effective at all. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. $p \leq .05$ indicates a statistically significant difference.

Table 6.7 Effectiveness of Potential Solutions for Reducing Preventable Medical Errors by Health of Respondent

Q8	Mean Score by Health						p
	Excellent	Very Good	Good	Fair	Poor	N	
Better Training of Health Professionals	3.32	3.37	3.41	3.52	3.49	1457	.082
Increasing the Number of Hospital Nurses	3.44	3.52	3.48	3.59	3.49	1461	.203
Reducing the Work Hours of Doctors in Training to Avoid Fatigue	3.53	3.58	3.58	3.56	3.74	1430	.246
Using ONLY Doctors Specially Trained in Intensive Care Medicine on Intensive Care Units	3.43	3.49	3.58	3.58	3.60	1369	.032
Including a Pharmacist on Hospital Rounds When Doctors Review the Progress of Patients	3.06	3.12	3.15	3.05	3.12	1350	.688
Giving Doctors More Time to Spend With Patients	3.57	3.47	3.62	3.55	3.66	1481	.006
More Use of Computerized Medical Records	3.06	3.19	3.18	3.26	3.10	1375	.062
More Use of Computers Instead of Paper Records For Ordering Drugs and Medical Tests	3.11	3.20	3.16	3.21	2.86	1355	.072
Limiting Certain High-Risk Medical Procedures to Hospitals That Do a Lot of These Procedures	3.36	3.30	3.33	3.48	3.21	1352	.112
Requiring Hospitals to Report All Serious Medical Errors to a Provincial Agency	3.61	3.72	3.71	3.70	3.72	1449	.088
Encouraging Hospitals to Voluntarily Report Serious Medical Errors to a Provincial Agency	3.28	3.32	3.29	3.33	3.49	1446	.637
Having Hospitalized Patients be Taken Care of by Hospital Doctors Rather Than Their Regular Doctors	2.73	2.64	2.58	2.49	2.55	1329	.066
More Lawsuits for Malpractice	2.02	2.19	2.28	2.38	2.58	1372	.000
Having a Governmental Agency Fine Health Professionals Who Make Medical Errors	2.65	2.79	2.95	3.02	3.09	1398	.000
Suspending the License of Health Professionals Who Make Medical Errors	2.87	3.04	3.09	3.18	3.19	1389	.001
Requiring Hospitals to Develop Systems to Avoid Medical Errors	3.68	3.69	3.71	3.72	3.68	1457	.977

Mean scale scores where 4= very effective, 3= somewhat effective, 2= not very effective and 1= not effective at all.

"Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p ≤ .05 indicates a statistically significant difference.

Table 6.8 Effectiveness of Potential Solutions for Reducing Preventable Medical Errors by Perceived Quality of Alberta's Health Care System

Q8	Mean Score by Perceived Quality of Alberta's Health Care System						
	Excellent	Very Good	Good	Fair	Poor	N	p
Better Training of Health Professionals	3.24	3.39	3.41	3.37	3.46	1444	.267
Increasing the Number of Hospital Nurses	3.36	3.46	3.47	3.59	3.74	1449	.000
Reducing the Work Hours of Doctors in Training to Avoid Fatigue	3.53	3.55	3.53	3.68	3.77	1418	.001
Using ONLY Doctors Specially Trained in Intensive Care Medicine on Intensive Care Units	3.50	3.53	3.47	3.55	3.69	1358	.088
Including a Pharmacist on Hospital Rounds When Doctors Review the Progress of Patients	3.02	3.11	3.10	3.10	3.32	1337	.267
Giving Doctors More Time to Spend With Patients	3.47	3.47	3.55	3.66	3.77	1468	.000
More Use of Computerized Medical Records	3.22	3.22	3.11	3.16	3.18	1363	.289
More Use of Computers Instead of Paper Records For Ordering Drugs and Medical Tests	3.31	3.20	3.12	3.14	3.08	1343	.186
Limiting Certain High-Risk Medical Procedures to Hospitals That Do a Lot of These Procedures	3.32	3.36	3.34	3.24	3.47	1340	.168
Requiring Hospitals to Report All Serious Medical Errors to a Provincial Agency	3.67	3.67	3.69	3.71	3.76	1436	.763
Encouraging Hospitals to Voluntarily Report Serious Medical Errors to a Provincial Agency	3.31	3.31	3.27	3.35	3.58	1434	.075
Having Hospitalized Patients be Taken Care of by Hospital Doctors Rather Than Their Regular Doctors	2.73	2.68	2.62	2.58	2.52	1317	.409
More Lawsuits for Malpractice	1.93	2.09	2.22	2.34	2.60	1360	.000
Having a Governmental Agency Fine Health Professionals Who Make Medical Errors	2.73	2.76	2.80	2.94	3.18	1386	.003
Suspending the License of Health Professionals Who Make Medical Errors	3.02	2.93	3.03	3.08	3.37	1377	.002
Requiring Hospitals to Develop Systems to Avoid Medical Errors	3.64	3.69	3.68	3.74	3.74	1444	.570

Mean scale scores where 4= very effective, 3= somewhat effective, 2= not very effective and 1= not effective at all. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p≤ .05 indicates a statistically significant difference.

Table 6.9 Effectiveness of Potential Solutions for Reducing Preventable Medical Errors by Most Recent Contact with Alberta's Health Care System

Q8	Mean Score by Most Recent Contact with Alberta's Health Care System (in months)				
	≤ 6	7-12	> 12	N	p
Better Training of Health Professionals	3.39	3.31	3.42	1445	.423
Increasing the Number of Hospital Nurses	3.52	3.48	3.38	1450	.026
Reducing the Work Hours of Doctors in Training to Avoid Fatigue	3.58	3.55	3.53	1419	.652
Using ONLY Doctors Specially Trained in Intensive Care Medicine on Intensive Care Units	3.51	3.57	3.46	1360	.386
Including a Pharmacist on Hospital Rounds When Doctors Review the Progress of Patients	3.12	3.02	3.07	1340	.440
Giving Doctors More Time to Spend With Patients	3.57	3.50	3.45	1470	.024
More Use of Computerized Medical Records	3.16	3.21	3.17	1364	.746
More Use of Computers Instead of Paper Records For Ordering Drugs and Medical Tests	3.15	3.20	3.17	1344	.753
Limiting Certain High-Risk Medical Procedures to Hospitals That Do a Lot of These Procedures	3.35	3.17	3.34	1342	.068
Requiring Hospitals to Report All Serious Medical Errors to a Provincial Agency	3.70	3.67	3.68	1438	.894
Encouraging Hospitals to Voluntarily Report Serious Medical Errors to a Provincial Agency	3.32	3.40	3.20	1435	.141
Having Hospitalized Patients be Taken Care of by Hospital Doctors Rather Than Their Regular Doctors	2.63	2.49	2.69	1318	.165
More Lawsuits for Malpractice	2.20	2.20	2.22	1362	.935
Having a Governmental Agency Fine Health Professionals Who Make Medical Errors	2.85	2.72	2.78	1387	.369
Suspending the License of Health Professionals Who Make Medical Errors	3.05	2.89	3.00	1380	.196
Requiring Hospitals to Develop Systems to Avoid Medical Errors	3.70	3.67	3.70	1446	.888

Mean scale scores where 4= very effective, 3= somewhat effective, 2= not very effective and 1= not effective at all. "Don't knows" are excluded for calculation of mean scores. p= probability according to the F test for one-way analysis of variance. p ≤ .05 indicates a statistically significant difference.

Series Seven: Q9. Should hospital reports of serious medical errors be confidential and only used to prevent future mistakes, or should they also be released to the public?

Table 7.1 Confidentiality of Hospital Reports of Serious Medical Errors by Sex of Respondent

Q9	Sex	
	Male %	Female %
Confidential and Only Used to Prevent Future Medical Mistakes	41.0	41.1
Released to the Public	51.0	49.3
Don't Know	8.0	9.6
TOTAL %	100	100
(n)	736	742

 $\chi^2 = 1.2$, df = 2, p = .547

Percentages may not add to 100 due to rounding.

Table 7.2 Confidentiality of Hospital Reports of Serious Medical Errors by Age of Respondent

Q9	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Confidential and Only Used to Prevent Future Medical Mistakes	50.0	39.6	38.1	43.6
Released to the Public	44.1	50.9	54.1	44.6
Don't Know	5.9	9.5	7.8	11.8
TOTAL %	100	100	100	100
(n)	204	609	462	204

 $\chi^2 = 14.8$, df = 6, p = .022

Percentages may not add to 100 due to rounding.

Table 7.3 Confidentiality of Hospital Reports of Serious Medical Errors by Length of Time Lived in Alberta

Q9	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Confidential and Only Used to Prevent Future Medical Mistakes	46.0	41.2	38.9
Released to the Public	47.2	51.9	50.5
Don't Know	6.8	6.9	10.6
TOTAL%	100	100	100
(n)	339	447	687

 $\chi^2 = 9.7$, $df = 4$, $p = .046$

Percentages may not add to 100 due to rounding.

Table 7.4 Confidentiality of Hospital Reports of Serious Medical Errors by Education of Respondent

Q9	Education	
	High School or Less %	More Than High School %
Confidential and Only Used to Prevent Future Medical Mistakes	38.6	42.6
Released to the Public	53.8	47.9
Don't Know	7.6	9.5
TOTAL%	100	100
(n)	580	894

 $\chi^2 = 5.3$, $df = 2$, $p = .070$

Percentages may not add to 100 due to rounding.

Table 7.5 Confidentiality of Hospital Reports of Serious Medical Errors by Household Income of Respondent

Q9	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Confidential and Only Used to Prevent Future Medical Mistakes	40.7	43.1	39.5	43.3	35.9
Released to the Public	50.6	50.0	52.4	46.0	51.0
Don't Know	8.7	6.9	8.1	10.6	13.1
TOTAL%	100	100	100	100	100
(n)	241	448	382	263	145

$\chi^2 = 9.3$, $df = 8$, $p = .314$ Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 7.6 Confidentiality of Hospital Reports of Serious Medical Errors by Health Region

Q9	Health Region		
	Calgary %	Capital %	Other Alberta %
Confidential and Only Used to Prevent Future Medical Mistakes	41.5	39.7	42.0
Released to the Public	49.5	51.1	49.9
Don't Know	8.9	9.3	8.1
Total%	100	100	100
(n)	537	474	467

$\chi^2 = 0.8$, $df = 4$, $p = .933$ Percentages may not add to 100 due to rounding.

Table 7.7 Confidentiality of Hospital Reports of Serious Medical Errors by Health of Respondent

Q9	Health				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Confidential and Only Used to Prevent Future Medical Mistakes	43.8	40.4	40.6	39.3	36.5
Released to the Public	47.1	51.5	49.2	51.9	59.6
Don't Know	9.1	8.1	10.2	8.9	3.8
TOTAL%	100	100	100	100	100
(n)	363	557	372	135	52

$\chi^2 = 5.7$, $df = 8$, $p = .678$ Percentages may not add to 100 due to rounding.

**Table 7.8 Confidentiality of Hospital Reports of Serious Medical Errors
by Perceived Quality of Alberta's Health Care System**

Q9	Perceived Quality of Alberta's Health Care System				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Confidential and Only Used to Prevent Future Medical Mistakes	42.2	45.4	39.8	38.8	34.6
Released to the Public	45.1	47.6	50.7	51.9	60.3
Don't Know	12.7	6.9	9.5	9.2	5.1
TOTAL%	100	100	100	100	100
(n)	102	403	621	260	78

$X^2 = 11.0$, $df = 8$, $p = .199$

Percentages may not add to 100 due to rounding.

**Table 7.9 Frequency Confidentiality of Hospital Reports of Serious Medical Errors
by Most Recent Contact With Alberta's Health Care System**

Q9	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months	7-12 Months	Over 12 Months
	%	%	%
Confidential and Only Used to Prevent Future Medical Mistakes	42.3	31.7	40.1
Released to the Public	48.8	63.3	50.2
Don't Know	9.0	5.0	9.7
TOTAL%	100	100	100
(n)	1138	120	207

$X^2 = 9.8$, $df = 4$, $p = .044$

Percentages may not add to 100 due to rounding.

Series Eight: Q10. Should physicians be required to tell patients or patients' family if a preventable medical error resulting in serious harm is made in that patient's care?

Table 8.1 Required Disclosure by Physician of Preventable Medical Errors by Sex of Respondent

Q10	Sex	
	Male %	Female %
Yes	94.5	96.2
No	3.1	2.0
Don't Know	2.4	1.9
TOTAL %	100	100
(n)	740	755

 $\chi^2 = 2.5$, $df = 2$, $p = .280$

Percentages may not add to 100 due to rounding.

Table 8.2 Required Disclosure by Physician of Preventable Medical Errors by Age of Respondent

Q10	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Yes	95.6	95.1	97.0	91.6
No	2.9	3.2	1.7	2.5
Don't Know	1.5	1.6	1.3	5.9
TOTAL %	100	100	100	100
(n)	206	616	470	203

 $\chi^2 = 19.8$, $df = 6$, $p = .003$

Percentages may not add to 100 due to rounding.

Table 8.3 Required Disclosure by Physician of Preventable Medical Errors by Length of Time Lived in Alberta

Q10	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Yes	95.1	95.6	95.1
No	3.5	2.4	2.3
Don't Know	1.4	2.0	2.6
TOTAL %	100	100	100
(n)	346	455	692

 $\chi^2 = 2.8$, $df = 4$, $p = .591$

Percentages may not add to 100 due to rounding.

Table 8.4 Required Disclosure by Physician of Preventable Medical Errors by Education of Respondent

Q10	Education	
	High School or Less %	More Than High School %
Yes	95.4	95.1
No	2.7	2.5
Don't Know	1.9	2.3
TOTAL%	100	100
(n)	587	904

 $X^2 = 0.4$, $df = 2$, $p = .826$

Percentages may not add to 100 due to rounding.

Table 8.5 Required Disclosure by Physician of Preventable Medical Errors by Household Income of Respondent

Q10	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Yes	93.9	95.6	96.1	93.6	98.6
No	2.4	2.4	2.1	4.2	0.7
Don't Know	3.6	2.0	1.8	2.3	0.7
TOTAL%	100	100	100	100	100
(n)	247	453	384	264	147

 $X^2 = 9.9$, $df = 8$, $p = .274$

Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 8.6 Required Disclosure by Physician of Preventable Medical Errors by Health Region

Q10	Health Region		
	Calgary %	Capital %	Other Alberta %
Yes	94.9	95.8	95.2
No	2.6	2.7	2.5
Don't Know	2.6	1.5	2.3
Total%	100	100	100
(n)	546	476	475

 $X^2 = 1.6$, $df = 4$, $p = .810$

Percentages may not add to 100 due to rounding.

Table 8.7 Required Disclosure by Physician of Preventable Medical Errors by Health of Respondent

Q10	Health				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Yes	95.9	94.3	95.5	97.1	96.3
No	2.7	3.0	2.4	2.2	0.0
Don't Know	1.4	2.7	2.1	0.7	3.7
TOTAL%	100	100	100	100	100
(n)	366	561	376	137	54

 $\chi^2 = 5.8$, $df = 8$, $p = .665$

Percentages may not add to 100 due to rounding.

Table 8.8 Required Disclosure by Physician of Preventable Medical Errors by Perceived Quality of Alberta's Health Care System

Q10	Perceived Quality of Alberta's Health Care System				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Yes	89.1	95.8	96.2	93.1	100.0
No	5.9	2.5	1.6	4.2	0.0
Don't Know	5.0	1.7	2.2	2.7	0.0
TOTAL%	100	100	100	100	100
(n)	101	406	634	259	82

 $\chi^2 = 18.9$, $df = 8$, $p = .015$

Percentages may not add to 100 due to rounding.

Table 8.9 Required Disclosure by Physician of Preventable Medical Errors by Most Recent Contact With Alberta's Health Care System

Q10	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months	7-12 Months	Over 12 Months
	%	%	%
Yes	95.2	95.1	95.7
No	2.6	1.6	2.9
Don't Know	2.2	3.3	1.4
TOTAL%	100	100	100
(n)	1153	122	209

 $\chi^2 = 1.7$, $df = 4$, $p = .788$

Percentages may not add to 100 due to rounding.

Series Nine: Q11. Is a preventable medical error more likely at a hospital that does a large number of a particular specialized procedure, or more likely at a hospital that does not do as many of the specialized procedure, or would this not make much difference?

Table 9.1 At Which Hospital is a Preventable Medical Error More Likely by Sex of Respondent

Q11	Sex	
	Male %	Female %
Error is More Likely at a Hospital That Does a Large Number of the Procedure	13.5	12.3
Error is More Likely at Hospital That Does Not Do as Many	50.5	47.5
Wouldn't Make Much Difference	30.4	35.4
Don't Know	5.5	4.8
TOTAL %	100	100
(n)	739	755

 $X^2 = 4.3$, $df = 3$, $p = .235$

Percentages may not add to 100 due to rounding.

Table 9.2 At Which Hospital is a Preventable Medical Error More Likely by Age of Respondent

Q11	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Error is More Likely at a Hospital That Does a Large Number of the Procedure	10.6	14.1	11.8	14.1
Error is More Likely at Hospital That Does Not Do as Many	49.3	47.7	51.2	47.1
Wouldn't Make Much Difference	36.7	32.6	32.5	31.1
Don't Know	3.4	5.5	4.5	7.8
TOTAL%	100	100	100	100
(n)	207	616	467	206

 $X^2 = 8.7$, $df = 9$, $p = .469$

Percentages may not add to 100 due to rounding.

Table 9.3 At Which Hospital is a Preventable Medical Error More Likely by Length of Time Lived in Alberta

Q11	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Error is More Likely at a Hospital That Does a Large Number of the Procedure	14.8	13.2	12.0
Error is More Likely at Hospital That Does Not Do as Many	46.1	48.0	50.7
Wouldn't Make Much Difference	31.9	35.5	31.9
Don't Know	7.2	3.3	5.3
TOTAL%	100	100	100
(n)	345	454	692

$\chi^2 = 9.7$, $df = 6$, $p = .139$

Percentages may not add to 100 due to rounding.

Table 9.4 At Which Hospital is a Preventable Medical Error More Likely by Education of Respondent

Q11	Education	
	High School or Less %	More Than High School %
Error is More Likely at a Hospital That Does a Large Number of the Procedure	13.0	12.9
Error is More Likely at Hospital That Does Not Do as Many	49.2	48.7
Wouldn't Make Much Difference	32.8	33.1
Don't Know	5.0	5.3
TOTAL%	100	100
(n)	585	904

$\chi^2 = 0.1$, $df = 3$, $p = .990$

Percentages may not add to 100 due to rounding.

Table 9.5 At Which Hospital is a Preventable Medical Error More Likely by Household Income of Respondent

Q11	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Error is More Likely at a Hospital That Does a Large Number of the Procedure	12.9	14.8	13.8	11.3	8.3
Error is More Likely at Hospital That Does Not Do as Many	46.2	47.9	47.3	54.0	52.4
Wouldn't Make Much Difference	36.1	33.6	35.1	29.4	26.2
Don't Know	4.8	3.8	3.9	5.3	13.1
TOTAL%	100	100	100	100	100
(n)	249	453	385	265	145

$X^2 = 31.9$, $df = 12$, $p = .001$ Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 9.6 At Which Hospital is a Preventable Medical Error More Likely by Health Region

Q11	Health Region		
	Calgary %	Capital %	Other Alberta %
Error is More Likely at a Hospital That Does a Large Number of the Procedure	12.2	14.0	12.5
Error is More Likely at Hospital That Does Not Do as Many	47.9	48.8	50.5
Wouldn't Make Much Difference	35.8	30.2	32.3
Don't Know	4.0	6.9	4.7
Total%	100	100	100
(n)	547	477	471

$X^2 = 8.1$, $df = 6$, $p = .232$ Percentages may not add to 100 due to rounding.

Table 9.7 At Which Hospital is a Preventable Medical Error More Likely by Health of Respondent

Q11	Health				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Error is More Likely at a Hospital That Does a Large Number of the Procedure	10.4	11.9	16.4	16.8	7.4
Error is More Likely at Hospital That Does Not Do as Many	51.0	48.8	45.2	56.2	46.3
Wouldn't Make Much Difference	33.7	33.6	32.5	24.8	38.9
Don't Know	4.9	5.7	5.8	2.2	7.4
TOTAL%	100	100	100	100	100
(n)	365	562	378	137	54

 $\chi^2 = 18.4$, $df = 12$, $p = .104$

Percentages may not add to 100 due to rounding.

Table 9.8 At Which Hospital is a Preventable Medical Error More Likely by Perceived Quality of Alberta's Health Care System

Q11	Perceived Quality of Alberta's Health Care System				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Error is More Likely at a Hospital That Does a Large Number of the Procedure	17.6	11.8	12.5	11.5	18.3
Error is More Likely at Hospital That Does Not Do as Many	43.1	51.0	47.9	51.2	48.8
Wouldn't Make Much Difference	30.4	32.5	33.9	33.1	29.3
Don't Know	8.8	4.7	5.7	4.2	3.7
TOTAL%	100	100	100	100	100
(n)	102	406	634	260	82

 $\chi^2 = 10.5$, $df = 12$, $p = .571$

Percentages may not add to 100 due to rounding.

Table 9.9 At Which Hospital is a Preventable Medical Error More Likely by Most Recent Contact With Alberta's Health Care System

Q11	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Error is More Likely at a Hospital That Does a Large Number of the Procedure	12.7	9.0	15.8
Error is More Likely at Hospital That Does Not Do as Many	48.5	54.9	49.3
Wouldn't Make Much Difference	33.3	32.0	31.1
Don't Know	5.5	4.1	3.8
TOTAL%	100	100	100
(n)	1152	122	209

$\chi^2 = 5.3$, $df = 6$, $p = .511$

Percentages may not add to 100 due to rounding.

Series Ten: Q12. If a preventable medical error that resulted in serious harm was made in your care, how likely do you think it is that the doctor would tell you?

Table 10.1 Likelihood of Doctor Disclosing Preventable Medical Error to Patient by Sex of Respondent

Q12	Sex	
	Male %	Female %
Very Likely	23.1	21.0
Somewhat Likely	30.4	29.0
Not Very Likely	28.2	31.0
Not At All Likely	11.5	13.6
Don't Know	6.9	5.4
TOTAL %	100	100
(n)	741	758

$\chi^2 = 4.6$, $df = 4$, $p = .327$

Percentages may not add to 100 due to rounding.

Table 10.2 Likelihood of Doctor Disclosing Preventable Medical Error to Patient by Age of Respondent

Q12	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Very Likely	21.8	20.3	21.3	29.1
Somewhat Likely	39.3	31.6	25.5	23.8
Not Very Likely	29.1	29.3	31.9	25.7
Not At All Likely	6.3	13.0	15.1	11.7
Don't Know	3.4	5.8	6.2	9.7
TOTAL%	100	100	100	100
(n)	206	617	470	206

$\chi^2 = 35.9$, $df = 12$, $p = .000$

Percentages may not add to 100 due to rounding.

Table 10.3 Likelihood of Doctor Disclosing Preventable Medical Error to Patient by Length of Time Lived in Alberta

Q12	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Very Likely	23.3	21.4	21.6
Somewhat Likely	30.3	31.3	28.4
Not Very Likely	28.2	32.2	28.5
Not At All Likely	10.7	10.4	15.1
Don't Know	7.5	4.8	6.3
TOTAL%	100	100	100
(n)	347	454	694

 $\chi^2 = 11.4$, df = 8, p = .181

Percentages may not add to 100 due to rounding.

Table 10.4 Likelihood of Doctor Disclosing Preventable Medical Error to Patient by Education of Respondent

Q12	Education	
	High School or Less %	More Than High School %
Very Likely	24.2	20.8
Somewhat Likely	28.4	30.4
Not Very Likely	29.1	29.9
Not At All Likely	12.8	12.3
Don't Know	5.5	6.5
TOTAL%	100	100
(n)	587	907

 $\chi^2 = 3.0$, df = 4, p = .550

Percentages may not add to 100 due to rounding.

Table 10.5 Likelihood of Doctor Disclosing Preventable Medical Error to Patient by Household Income of Respondent

Q12	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Very Likely	24.6	19.9	25.6	18.0	21.8
Somewhat Likely	24.6	31.6	30.3	31.6	27.2
Not Very Likely	31.5	28.9	26.4	34.6	27.2
Not At All Likely	12.5	14.1	11.7	10.5	15.0
Don't Know	6.9	5.5	6.0	5.3	8.8
TOTAL%	100	100	100	100	100
(n)	248	453	386	266	147

 $\chi^2 = 18.8$, df = 16, p = .281 Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 10.6 Likelihood of Doctor Disclosing Preventable Medical Error to Patient by Health Region

Q12	Health Region		
	Calgary %	Capital %	Other Alberta %
Very Likely	19.7	23.7	22.9
Somewhat Likely	29.6	32.3	27.3
Not Very Likely	33.2	27.3	27.7
Not At All Likely	11.3	11.9	14.7
Don't Know	6.2	4.8	7.4
Total%	100	100	100
(n)	548	477	476

$\chi^2 = 13.0$, $df = 8$, $p = .111$

Percentages may not add to 100 due to rounding.

Table 10.7 Likelihood of Doctor Disclosing Preventable Medical Error to Patient by Health of Respondent

Q12	Health				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Very Likely	25.5	22.9	17.7	20.4	21.8
Somewhat Likely	31.5	30.4	30.9	22.6	18.2
Not Very Likely	26.4	31.1	27.7	37.2	30.9
Not At All Likely	11.4	9.6	15.3	15.3	27.3
Don't Know	5.2	6.0	8.4	4.4	1.8
TOTAL%	100	100	100	100	100
(n)	368	563	379	137	55

$\chi^2 = 39.1$, $df = 16$, $p = .001$

Percentages may not add to 100 due to rounding.

Table 10.8 Likelihood of Doctor Disclosing Preventable Medical Error to Patient by Perceived Quality of Alberta's Health Care System

Q12	Perceived Quality of Alberta's Health Care System				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Very Likely	37.3	27.3	19.2	15.0	19.5
Somewhat Likely	27.5	31.7	31.7	27.7	15.9
Not Very Likely	18.6	26.5	30.4	35.8	31.7
Not At All Likely	9.8	7.6	12.1	18.1	28.0
Don't Know	6.9	6.9	6.6	3.5	4.9
TOTAL%	100	100	100	100	100
(n)	102	407	635	260	82

$\chi^2 = 74.8$, $df = 16$, $p = .000$

Percentages may not add to 100 due to rounding.

Table 10.9 Likelihood of Doctor Disclosing Preventable Medical Error to Patient
by Most Recent Contact With Alberta's Health Care System

Q12	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Very Likely	21.3	25.2	24.3
Somewhat Likely	29.8	29.3	28.6
Not Very Likely	29.9	30.9	27.6
Not At All Likely	13.1	8.9	11.9
Don't Know	5.8	5.7	7.6
TOTAL%	100	100	100
(n)	1156	123	210

$X^2 = 4.5$, $df = 8$, $p = .810$

Percentages may not add to 100 due to rounding.

Series Eleven: Q13. Have you ever been personally involved in a situation where a preventable medical error was made in YOUR OWN medical care or that of a FAMILY member while receiving service within Alberta's health care system?

Table 11.1 Experience With a Preventable Medical Error by Sex of Respondent

Q13	Sex	
	Male %	Female %
Yes	32.2	42.4
No	66.8	57.1
Don't Know	1.1	.05
TOTAL %	100	100
(n)	743	755

 $\chi^2 = 17.5$, df = 2, p = .002

Percentages may not add to 100 due to rounding.

Table 11.2 Experience With a Preventable Medical Error by Age of Respondent

Q13	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Yes	30.1	39.5	41.1	29.1
No	69.4	59.7	57.8	70.9
Don't Know	0.5	0.8	1.1	0.0
TOTAL%	100	100	100	100
(n)	206	618	467	206

 $\chi^2 = 17.9$, df = 6, p = .006

Percentages may not add to 100 due to rounding.

Table 11.3 Experience With a Preventable Medical Error by Length of Time Lived in Alberta

Q13	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Yes	24.9	38.6	42.6
No	74.3	60.5	56.7
Don't Know	0.9	0.9	0.7
TOTAL%	100	100	100
(n)	346	453	693

 $\chi^2 = 31.6$, df = 4, p = .000

Percentages may not add to 100 due to rounding.

**Table 11.4 Experience With a Preventable Medical Error
by Education of Respondent**

Q13	Education	
	High School or Less %	More Than High School %
Yes	36.2	37.8
No	63.4	61.1
Don't Know	0.3	1.1
TOTAL%	100	100
(n)	585	907

 $\chi^2 = 3.1, df = 2, p = .211$

Percentages may not add to 100 due to rounding.

**Table 11.5 Experience With a Preventable Medical Error
by Household Income of Respondent**

Q13	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Yes	36.3	37.8	35.0	40.2	38.8
No	63.3	61.5	64.8	58.7	58.5
Don't Know	0.4	0.7	0.3	1.1	2.7
TOTAL%	100	100	100	100	100
(n)	248	452	386	264	147

 $\chi^2 = 11.8, df = 8, p = .162$

Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

**Table 11.6 Experience With a Preventable Medical Error
by Health Region**

Q13	Health Region		
	Calgary %	Capital %	Other Alberta %
Yes	36.4	40.5	35.2
No	63.0	58.7	63.8
Don't Know	0.5	0.8	1.1
Total%	100	100	100
(n)	546	477	475

 $\chi^2 = 4.0, df = 4, p = .412$

Percentages may not add to 100 due to rounding.

Table 11.7 Experience With a Preventable Medical Error by Health of Respondent

Q13	Health				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Yes	35.9	31.8	39.8	47.4	61.1
No	63.0	67.7	58.9	51.8	38.9
Don't Know	1.1	0.5	1.3	0.7	0.0
TOTAL%	100	100	100	100	100
(n)	365	563	377	137	54

 $\chi^2 = 30.3$, df = 8, p = .000

Percentages may not add to 100 due to rounding.

Table 11.8 Experience With a Preventable Medical Error by Perceived Quality of Alberta's Health Care System

Q13	Perceived Quality of Alberta's Health Care System				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Yes	22.3	30.4	37.9	46.2	63.4
No	76.7	69.4	61.3	52.3	36.6
Don't Know	1.0	0.2	0.8	1.5	0.0
TOTAL%	100	100	100	100	100
(n)	103	405	633	260	82

 $\chi^2 = 55.6$, df = 8, p = .000

Percentages may not add to 100 due to rounding.

Table 11.9 Experience With a Preventable Medical Error by Most Recent Contact With Alberta's Health Care System

Q13	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months	7-12 Months	Over 12 Months
	%	%	%
Yes	39.7	30.9	28.6
No	59.5	68.3	71.0
Don't Know	0.8	0.8	0.5
TOTAL%	100	100	100
(n)	1153	123	210

 $\chi^2 = 12.3$, df = 4, p = .015

Percentages may not add to 100 due to rounding.

Series Twelve: Q14a. [For persons who have experienced a preventable medical error] Was the error made in your own care, your family member's care, or both?

Table 12.1 Person Who Experienced a Preventable Medical Error by Sex of Respondent

Q14a	Sex	
	Male %	Female %
Respondent	32.1	32.4
Family Member	60.3	52.6
Both	7.6	15.0
TOTAL %	100	100
(n)	237	321

 $X^2 = 7.7$, df = 2, p = .021

Percentages may not add to 100 due to rounding.

Table 12.2 Person Who Experienced a Preventable Medical Error by Age of Respondent

Q14a	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Respondent	35.5	33.5	27.6	38.3
Family Member	48.4	55.4	58.9	56.7
Both	16.1	11.2	13.5	5.0
TOTAL %	100	100	100	100
(n)	62	242	192	60

 $X^2 = 7.1$, df = 6, p = .310

Percentages may not add to 100 due to rounding.

Table 12.3 Person Who Experienced a Preventable Medical Error by Length of Time Lived in Alberta

Q14a	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Respondent	38.8	29.9	32.0
Family Member	55.3	58.6	54.4
Both	5.9	11.5	13.6
TOTAL %	100	100	100
(n)	85	174	294

 $X^2 = 5.2$, df = 4, p = .272

Percentages may not add to 100 due to rounding.

Table 12.4 Person Who Experienced a Preventable Medical Error
by Education of Respondent

Q14a	Education	
	High School or Less %	More Than High School %
Respondent	32.7	32.3
Family Member	53.1	57.2
Both	14.2	10.6
TOTAL%	100	100
(n)	211	341

 $\chi^2 = 1.9$, df = 2, p = .394

Percentages may not add to 100 due to rounding.

Table 12.5 Person Who Experienced a Preventable Medical Error
by Household Income of Respondent

Q14a	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Respondent	27.8	30.6	34.1	34.3	35.7
Family Member	56.7	54.7	54.8	56.2	60.7
Both	15.6	14.7	11.1	9.5	3.6
TOTAL%	100	100	100	100	100
(n)	90	170	135	105	56

 $\chi^2 = 7.5$, df = 8, p = .485

Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 12.6 Person Who Experienced a Preventable Medical Error
by Health Region

Q14a	Health Region		
	Calgary %	Capital %	Other Alberta %
Respondent	32.0	31.6	33.5
Family Member	59.9	52.3	55.1
Both	8.1	16.1	11.4
Total%	100	100	100
(n)	197	193	167

 $\chi^2 = 6.4$, df = 4, p = .173

Percentages may not add to 100 due to rounding.

Table 12.7 Person Who Experienced a Preventable Medical Error
by Health of Respondent

Q14a	Health				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Respondent	28.5	26.4	33.8	49.2	41.2
Family Member	63.8	61.8	57.6	40.0	14.7
Both	7.7	11.8	8.6	10.8	44.1
TOTAL%	100	100	100	100	100
(n)	130	178	151	65	34

$X^2 = 58.4$, $df = 8$, $p = .000$

Percentages may not add to 100 due to rounding.

Table 12.8 Person Who Experienced a Preventable Medical Error
by Perceived Quality of Alberta's Health Care System

Q14a	Perceived Quality of Alberta's Health Care System				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Respondent	52.2	36.6	29.3	28.9	34.6
Family Member	43.5	52.0	58.6	57.0	55.8
Both	4.3	11.4	12.1	14.0	9.6
TOTAL%	100	100	100	100	100
(n)	23	123	239	121	52

$X^2 = 7.8$, $df = 8$, $p = .449$

Percentages may not add to 100 due to rounding.

Table 12.9 Person Who Experienced a Preventable Medical Error
by Most Recent Contact With Alberta's Health Care System

Q14a	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months	7-12 Months	Over 12 Months
	%	%	%
Respondent	32.5	32.4	29.3
Family Member	53.9	67.6	63.8
Both	13.5	0.0	6.9
TOTAL%	100	100	100
(n)	458	37	58

$X^2 = 8.7$, $df = 4$, $p = .070$

Percentages may not add to 100 due to rounding.

Series Thirteen: Q14b. [For persons who have a family member who has experienced a preventable medical error] What is the relationship of that family member to you?

Table 13.1 Relationship to Family Member Who Experienced a Preventable Medical Error by Sex of Respondent

Q14b	Sex		
	Male %	Female %	p
Spouse	19.9	15.3	.302
Child	12.5	16.6	.339
Mother	16.1	23.1	.122
Father	14.9	12.5	.601
Brother	5.0	4.6	1.00
Sister	6.2	6.0	1.00
Other	30.4	29.6	.956
(n)	161	216	

% = % yes. p = chi square test of significance.

Table 13.2 Relationship to Family Member Who Experienced a Preventable Medical Error by Age of Respondent

Q14b	Age				p
	18-24 %	25-44 %	45-64 %	65+ %	
Spouse	2.5	10.0	23.7	40.5	.000
Child	7.3	17.5	15.1	10.5	.347
Mother	26.8	16.9	21.6	21.6	.488
Father	17.5	13.8	15.8	0.0	.074
Brother	7.5	4.4	4.3	5.4	.848
Sister	7.5	8.1	4.3	2.7	.432
Other	40.0	32.9	25.2	24.3	.198
(n)	40	160	139	37	

% = % yes. p = chi square test of significance.

Table 13.3 Relationship to Family Member Who Experienced a Preventable Medical Error by Length of Time Lived in Alberta

Q14b	Length of Time Lived in Alberta			p
	< 15 Years %	15-29 Years %	30+ Years %	
Spouse	15.4	13.9	19.9	.360
Child	21.2	13.9	14.0	.404
Mother	17.3	22.8	18.4	.568
Father	19.2	9.0	15.4	.131
Brother	1.9	4.9	5.5	.561
Sister	3.8	5.7	7.0	.688
Other	26.9	33.6	28.9	.574
(n)	52	122	201	

% = % yes. p = chi square test of significance.

Table 13.4 Relationship to Family Member Who Experienced a Preventable Medical Error by Education of Respondent

Q14b	Education		p
	High School or Less %	More Than High School %	
Spouse	12.7	19.9	.097
Child	15.5	14.7	.957
Mother	26.8	16.5	.023
Father	9.9	15.6	.156
Brother	9.2	2.2	.005
Sister	7.7	5.2	.439
Other	28.7	30.7	.758
(n)	142	231	

% = % yes. p = chi square test of significance.

Table 13.5 Relationship to Family Member Who Experienced a Preventable Medical Error by Household Income of Respondent

Q14b	Household Income					p
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %	
Spouse	18.8	22.0	13.5	10.1	19.4	.241
Child	15.4	12.7	15.7	15.9	16.7	.957
Mother	21.9	18.6	18.0	24.6	16.2	.779
Father	13.8	11.0	15.9	14.7	11.1	.856
Brother	6.2	5.1	5.6	2.9	2.8	.864
Sister	9.2	6.8	1.1	8.8	5.6	.204
Other	30.8	28.0	33.7	24.6	33.3	.742
(n)	64	118	89	69	36	

% = % yes. p = chi square test of significance. DK/NR = Don't Know/No Response

Table 13.6 Relationship to Family Member Who Experienced a Preventable Medical Error by Health Region

Q14b	Health Region			p
	Calgary %	Capital %	Other Alberta %	
Spouse	18.5	15.9	17.1	.852
Child	14.2	13.5	17.3	.691
Mother	21.6	21.8	16.4	.499
Father	14.2	12.8	13.6	.945
Brother	3.0	7.5	3.6	.177
Sister	2.2	9.1	7.3	.053
Other	31.3	28.8	29.1	.885
(n)	134	133	110	

% = % yes. p = chi square test of significance.

Table 13.7 Relationship to Family Member Who Experienced a Preventable Medical Error by Health of Respondent

Q14b	Health					p
	Excellent	Very Good	Good	Fair	Poor	
	%	%	%	%	%	
Spouse	14.0	20.6	14.0	24.2	15.8	.459
Child	12.9	12.9	21.0	12.1	10.0	.373
Mother	18.1	18.9	23.0	14.7	35.0	.377
Father	16.1	15.2	8.1	9.1	21.1	.300
Brother	4.3	3.8	3.0	3.0	21.1	.012
Sister	5.4	7.6	5.0	3.0	10.0	.753
Other	30.1	26.7	31.3	36.4	31.6	.842
(n)	93	131	100	33	19	

% = % yes. p = chi square test of significance.

Table 13.8 Relationship to Family Member Who Experienced a Preventable Medical Error by Perceived Quality of Alberta's Health Care System

Q14b	Perceived Quality of Alberta's Health Care System					p
	Excellent	Very Good	Good	Fair	Poor	
	%	%	%	%	%	
Spouse	9.1	23.1	12.4	17.4	32.4	.034
Child	30.0	9.0	17.2	14.0	14.7	.318
Mother	27.3	19.2	21.9	19.8	14.7	.858
Father	9.1	20.5	13.0	12.9	2.9	.149
Brother	0.0	6.4	3.6	7.0	2.9	.602
Sister	0.0	5.1	5.4	7.0	8.8	.813
Other	27.3	25.6	32.5	26.7	35.3	.707
(n)	11	78	169	86	34	

% = % yes. p = chi square test of significance.

Table 13.9 Relationship to Family Member Who Experienced a Preventable Medical Error by Most Recent Contact With Alberta's Health Care System

Q14b	Most Recent Contact With Alberta's Health Care System			
	≤ 6 Months %	7-12 Months %	Over 12 Months %	p
Spouse	17.2	24.0	16.7	.679
Child	15.2	12.0	14.6	.909
Mother	21.0	20.0	12.2	.413
Father	12.0	12.0	24.4	.088
Brother	5.2	4.0	2.4	.729
Sister	6.5	8.0	2.4	.553
Other	30.4	24.0	31.7	.776
(n)	309	25	42	

% = % yes. p = chi square test of significance.

Series Fourteen: Q15. Regarding the medical error that occurred MOST RECENTLY, did the error have serious health consequences, minor health consequences, or no health consequences at all?

Table 14.1 Seriousness of Consequences Caused by Preventable Medical Errors by Sex of Respondent

Q15	Sex	
	Male %	Female %
Serious Health Consequences	56.1	52.8
Minor Health Consequences	30.1	33.8
No Health Consequences At All	12.1	11.9
Don't Know	1.7	1.6
TOTAL %	100	100
(n)	239	320

$X^2 = 0.8$, $df = 3$, $p = .839$

Percentages may not add to 100 due to rounding.

Table 14.2 Seriousness of Consequences Caused by Preventable Medical Errors by Age of Respondent

Q15	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Serious Health Consequences	38.7	50.8	61.7	58.3
Minor Health Consequences	41.9	36.1	26.4	25.0
No Health Consequences At All	17.7	11.5	9.8	16.7
Don't Know	1.6	1.6	2.1	0.0
TOTAL %	100	100	100	100
(n)	62	244	193	60

$X^2 = 16.1$, $df = 9$, $p = .064$

Percentages may not add to 100 due to rounding.

Table 14.3 Seriousness of Consequences Caused by Preventable Medical Errors by Length of Time Lived in Alberta

Q15	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Serious Health Consequences	51.2	52.9	55.4
Minor Health Consequences	30.2	33.9	31.8
No Health Consequences At All	16.3	12.1	11.1
Don't Know	2.3	1.1	1.7
TOTAL%	100	100	100
(n)	86	174	296

 $\chi^2 = 2.5$, $df = 6$, $p = .868$

Percentages may not add to 100 due to rounding.

Table 14.4 Seriousness of Consequences Caused by Preventable Medical Errors by Education of Respondent

Q15	Education	
	High School or Less %	More Than High School %
Serious Health Consequences	51.7	55.4
Minor Health Consequences	31.3	33.2
No Health Consequences At All	15.2	10.2
Don't Know	1.9	1.2
TOTAL%	100	100
(n)	211	343

 $\chi^2 = 3.6$, $df = 3$, $p = .304$

Percentages may not add to 100 due to rounding.

Table 14.5 Seriousness of Consequences Caused by Preventable Medical Errors by Household Income of Respondent

Q15	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Serious Health Consequences	54.4	57.3	54.1	51.9	50.0
Minor Health Consequences	34.4	30.4	30.4	35.8	32.1
No Health Consequences At All	7.8	11.1	13.3	12.3	16.1
Don't Know	3.3	1.2	2.2	0.0	1.8
TOTAL%	100	100	100	100	100
(n)	90	171	135	106	56

$\chi^2 = 7.8$, $df = 12$, $p = .799$ Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 14.6 Seriousness of Consequences Caused by Preventable Medical Errors by Health Region

Q15	Health Region		
	Calgary %	Capital %	Other Alberta %
Serious Health Consequences	57.3	54.4	50.6
Minor Health Consequences	31.7	32.1	33.1
No Health Consequences At All	9.5	10.9	15.7
Don't Know	1.5	2.6	0.6
Total%	100	100	100
(n)	199	193	166

$\chi^2 = 6.1$, $df = 6$, $p = .412$ Percentages may not add to 100 due to rounding.

Table 14.7 Seriousness of Consequences Caused by Preventable Medical Errors by Health of Respondent

Q15	Health				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Serious Health Consequences	47.3	55.1	52.0	56.9	78.8
Minor Health Consequences	35.9	32.6	32.7	32.3	15.2
No Health Consequences At All	15.3	11.2	12.7	9.2	6.1
Don't Know	1.5	1.1	2.7	1.5	0.0
TOTAL%	100	100	100	100	100
(n)	131	178	150	65	33

 $\chi^2 = 13.1$, df = 12, p = .359

Percentages may not add to 100 due to rounding.

Table 14.8 Seriousness of Consequences Caused by Preventable Medical Errors by Perceived Quality of Alberta's Health Care System

Q15	Perceived Quality of Alberta's Health Care System				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Serious Health Consequences	59.1	46.3	53.6	58.7	65.4
Minor Health Consequences	31.8	38.2	33.9	28.1	21.2
No Health Consequences At All	4.5	14.6	10.9	11.6	13.5
Don't Know	4.5	0.8	1.7	1.7	0.0
TOTAL%	100	100	100	100	100
(n)	22	123	239	121	52

 $\chi^2 = 12.1$, df = 12, p = .435

Percentages may not add to 100 due to rounding.

Table 14.9 **Seriousness of Consequences Caused by Preventable Medical Errors by Most Recent Contact With Alberta's Health Care System**

Q15	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Serious Health Consequences	54.5	43.2	56.7
Minor Health Consequences	32.4	40.5	26.7
No Health Consequences At All	11.2	16.2	16.7
Don't Know	2.0	0.0	0.0
TOTAL%	100	100	100
(n)	457	37	60

$\chi^2 = 6.1$, $df = 6$, $p = .417$

Percentages may not add to 100 due to rounding.

Series Fifteen: Q16. [If the error that occurred MOST RECENTLY had serious health consequences] Did these serious health consequences include any of the following?

Table 15.1 Serious Health Consequences of Medical Error by Sex of Respondent

Q16	Sex			
	Male %	Female %	N	p
Severe Pain	82.8	75.0	292	.142
Significant Loss of Time At Work, School, or Other Important Life Activities	83.2	75.8	296	.155
Temporary Disability	63.8	64.6	294	.986
Long-term Disability	55.2	52.2	286	.697
Death of a Family Member	39.0	33.3	235	.448
Other	35.9	44.4	216	.197

% = % yes. p = chi-square test of significance.

Table 15.2 Serious Health Consequences of Medical Error by Age of Respondent

Q16	Age					p
	18-24 %	25-44 %	45-64 %	65+ %	N	
Severe Pain	87.0	79.5	75.6	75.8	292	.633
Significant Loss of Time At Work, School, or Other Important Life Activities	83.3	80.0	79.8	69.7	297	.542
Temporary Disability	73.9	65.5	61.0	65.6	292	.663
Long-term Disability	60.9	50.4	54.9	56.3	285	.771
Death of a Family Member	31.6	31.9	37.1	46.2	233	.563
Other	29.4	35.5	48.2	42.9	214	.424

% = % yes. p = chi-square test of significance.

Table 15.3 Serious Health Consequences of Medical Error by Length of Time Lived in Alberta

Q16	Length of Time Lived in Alberta (in years)				
	< 15 %	15-29 %	30+ %	N	p
Severe Pain	79.5	75.3	79.2	292	.745
Significant Loss of Time At Work, School, or Other Important Life Activities	77.3	79.1	79.5	296	.949
Temporary Disability	69.0	70.0	60.0	292	.226
Long-term Disability	40.0	60.5	53.2	284	.100
Death of a Family Member	21.2	36.6	39.5	233	.147
Other	40.0	50.7	34.8	214	.197

% = % yes. p = chi-square test of significance.

Table 15.4 Serious Health Consequences of Medical Error by Education of Respondent

Q16	Education			
	High School or Less %	More than High School %	N	p
Severe Pain	74.8	79.7	289	.411
Significant Loss of Time At Work, School, or Other Important Life Activities	71.3	83.2	293	.023
Temporary Disability	64.8	65.4	290	.100
Long-term Disability	52.4	54.0	281	.892
Death of a Family Member	36.5	35.6	231	1.00
Other	39.0	42.6	213	.443

% = % yes. p = chi-square test of significance.

Table 15.5 Serious Health Consequences of Medical Error by Household Income of Respondent

Q16	Household Income						N	p
	< 30K %	30-59K %	60-99K %	100K+ %	DK/NR %			
Severe Pain	77.1	79.8	69.4	88.2	80.8	291		.161
Significant Loss of Time At Work, School, or Other Important Life Activities	69.4	85.1	73.6	83.3	78.6	297		.155
Temporary Disability	57.1	63.0	66.2	69.8	67.9	293		.713
Long-term Disability	63.3	51.7	50.7	52.1	53.6	285		.689
Death of a Family Member	45.9	33.8	41.8	28.2	26.1	234		.332
Other	38.7	45.1	38.8	46.5	22.7	216		.634

% = % yes. p = chi-square test of significance.

Table 15.6 Serious Health Consequences of Medical Error by Regions

Q16	Health Region					N	p
	1 %	2 %	3 %				
Severe Pain	82.2	70.9	81.9		293		.085
Significant Loss of Time At Work, School, or Other Important Life Activities	76.4	83.7	77.1		297		.367
Temporary Disability	68.2	62.1	62.7		293		.599
Long-term Disability	52.0	56.0	52.4		284		.825
Death of a Family Member	31.8	40.9	33.3		233		.415
Other	44.0	44.9	31.7		216		.466

% = % yes. p = chi-square test of significance.

Table 15.7 Serious Health Consequences of Medical Error by Health of Respondent

Q16	Health					N	p
	Excellent %	Very Good %	Good %	Fair %	Poor %		
Severe Pain	68.3	76.6	77.9	88.9	96.2	293	.027
Significant Loss of Time At Work, School, or Other Important Life Activities	80.3	76.3	77.9	82.9	84.6	296	.851
Temporary Disability	52.5	65.6	68.8	61.1	76.0	295	.191
Long-term Disability	62.7	40.9	54.1	57.1	75.0	285	.013
Death of a Family Member	37.0	37.5	29.0	50.0	31.3	236	.462
Other	38.1	40.3	40.0	42.3	52.4	216	.370

% = % yes. p = chi-square test of significance.

Table 15.8 Serious Health Consequences of Medical Error
by Perceived Quality of Alberta's Health Care System

Q16	Perceived Quality of Alberta's Health Care System						p
	Excellent %	Very Good %	Good %	Fair %	Poor %	N	
Severe Pain	84.6	82.1	77.9	75.0	78.8	292	.870
Significant Loss of Time At Work, School, or Other Important Life Activities	92.3	83.9	75.2	78.3	82.4	297	.469
Temporary Disability	85.7	79.2	59.7	62.3	52.9	294	.025
Long-term Disability	53.8	51.9	50.8	53.7	65.6	284	.683
Death of a Family Member	50.0	34.1	38.0	36.2	24.0	235	.647
Other	10.0	41.5	43.7	36.7	46.4	215	.620

% = % yes. p = chi-square test of significance.

Table 15.9 Serious Health Consequences of Medical Error
by Most Recent Contact with Alberta's Health Care System

Q16	Mean Score by Most Recent Contact with Alberta's Health Care System (in months)					p
	≤ 6 %	7-12 %	> 12 %	N		
Severe Pain	79.8	75.0	71.0	289		.500
Significant Loss of Time At Work, School, or Other Important Life Activities	81.1	75.0	65.6	292		.117
Temporary Disability	66.1	75.0	46.9	290		.068
Long-term Disability	56.2	43.8	38.7	282		.135
Death of a Family Member	35.6	50.0	32.0	231		.546
Other	43.0	10.0	36.0	214		.070

% = % yes. p = chi-square test of significance.

Series Sixteen: Q17. How much responsibility, if any, do you think following persons and institutions involved had for this medical error?

Table 16.1 Responsibility for Medical Error by Sex of Respondent

Q17	Sex	
	Male %	Female %
Doctors		
A Lot	68.9	64.6
A Little	19.3	18.2
None	10.5	15.0
Don't Know	1.3	2.2
TOTAL %	100	100
(n)	238	319
X	$X^2 = 3.3, df = 3, p = .349$	
Nurses		
A Lot	16.5	25.4
A Little	27.5	19.7
None	50.0	50.2
Don't Know	5.9	4.7
TOTAL %	100	100
(n)	236	319
X	$X^2 = 8.9, df = 3, p = .031$	
Other Health Professionals		
A Lot	18.6	16.7
A Little	29.7	29.2
None	45.8	50.0
Don't Know	5.9	4.1
TOTAL %	100	100
(n)	236	318
X	$X^2 = 1.8, df = 3, p = .624$	
Institutions		
A Lot	28.3	30.5
A Little	28.7	22.9
None	38.8	43.5
Don't Know	4.2	3.2
TOTAL %	100	100
(n)	237	315
X	$X^2 = 3.2, df = 3, p = .368$	

Percentages may not add to 100 due to rounding.

Table 16.2 Responsibility for Medical Error by Age of Respondent

Q17	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Doctors				
A Lot	64.5	66.4	69.4	60.0
A Little	19.4	20.3	16.6	18.3
None	9.7	12.4	12.4	20.0
Don't Know	6.5	0.8	1.6	1.7
TOTAL %	100	100	100	100
(n)	62	241	193	60
X	$X^2 = 13.2, df = 9, p = .154$			
Nurses				
A Lot	23.8	18.3	23.3	27.1
A Little	39.7	26.1	18.1	8.5
None	28.6	50.6	54.9	54.2
Don't Know	7.9	5.0	3.6	10.2
TOTAL %	100	100	100	100
(n)	63	241	193	59
X	$X^2 = 29.9, df = 9, p = .000$			
Other Health Professionals				
A Lot	8.1	19.5	16.7	20.3
A Little	33.9	34.9	26.6	11.9
None	51.6	42.7	52.6	52.5
Don't Know	6.5	2.9	4.2	15.3
TOTAL %	100	100	100	100
(n)	62	241	192	59
X	$X^2 = 31.2, df = 9, p = .000$			
Institutions				
A Lot	21.0	30.6	32.8	25.0
A Little	35.5	30.2	19.8	12.5
None	38.7	37.2	43.8	51.8
Don't Know	4.8	2.1	3.6	10.7
TOTAL %	100	100	100	100
(n)	62	242	192	56
X	$X^2 = 25.4, df = 9, p = .003$			

Percentages may not add to 100 due to rounding.

Table 16.3 Responsibility for Medical Errors by Length of Time Lived in Alberta

Q17	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Doctors			
A Lot	65.5	69.7	65.0
A Little	26.2	18.3	17.0
None	7.1	10.3	16.3
Don't Know	1.2	1.7	1.7
TOTAL %	100	100	100
(n)	84	175	294
X	$X^2 = 9.2, df = 6, p = .164$		
Nurses			
A Lot	28.2	19.0	21.5
A Little	28.2	28.2	18.8
None	41.2	47.7	53.9
Don't Know	2.4	5.2	5.8
TOTAL %	100	100	100
(n)	85	174	293
X	$X^2 = 11.5, df = 6, p = .074$		
Other Health Professionals			
A Lot	18.8	12.0	20.8
A Little	31.8	38.9	23.5
None	48.2	43.4	50.2
Don't Know	1.2	5.7	5.5
TOTAL %	100	100	100
(n)	85	175	293
X	$X^2 = 17.6, df = 6, p = .007$		
Institutions			
A Lot	32.6	29.1	29.2
A Little	26.7	29.7	22.3
None	38.4	37.7	44.3
Don't Know	2.3	3.4	4.1
TOTAL %	100	100	100
(n)	86	175	291
X	$X^2 = 4.7, df = 6, p = .584$		

Percentages may not add to 100 due to rounding.

Table 16.4 Responsibility for Medical Error by Education of Respondent

Q17	Education	
	High School or Less %	More Than High School %
Doctors		
A Lot	64.5	67.6
A Little	20.4	17.9
None	13.3	12.9
Don't Know	1.9	1.5
TOTAL %	100	100
(n)	211	340
X	$X^2 = 0.8, df = 3, p = .858$	
Nurses		
A Lot	23.3	20.9
A Little	23.3	22.4
None	45.7	52.9
Don't Know	7.6	3.8
TOTAL %	100	100
(n)	210	340
X	$X^2 = 5.3, df = 3, p = .150$	
Other Health Professionals		
A Lot	18.4	17.4
A Little	26.4	31.5
None	47.6	47.6
Don't Know	7.5	3.5
TOTAL %	100	100
(n)	212	340
X	$X^2 = 5.4, df = 3, p = .147$	
Institutions		
A Lot	27.5	31.3
A Little	24.6	26.3
None	42.2	40.1
Don't Know	5.7	2.4
TOTAL %	100	100
(n)	211	339
X	$X^2 = 4.8, df = 3, p = .183$	

Percentages may not add to 100 due to rounding.

Table 16.5 Responsibility for Medical Error by Household Income of Respondent

Q17	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Doctors					
A Lot	64.4	66.3	63.7	71.4	71.4
A Little	18.9	19.5	17.8	20.0	14.3
None	14.4	11.2	17.8	7.6	14.3
Don't Know	2.2	3.0	0.7	1.0	0.0
TOTAL %	100	100	100	100	100
(n)	90	169	135	105	56
X	$X^2 = 10.8, df = 12, p = .543$				
Nurses					
A Lot	22.2	20.7	26.9	17.3	17.5
A Little	23.3	26.0	14.9	27.9	24.6
None	45.6	47.9	55.2	50.0	50.9
Don't Know	8.9	5.3	3.0	4.8	7.0
TOTAL %	100	100	100	100	100
(n)	90	169	134	104	57
X	$X^2 = 13.8, df = 12, p = .315$				
Other Health Professionals					
A Lot	13.3	21.4	20.9	12.4	16.1
A Little	30.0	28.0	28.4	38.1	19.6
None	51.1	44.0	49.3	44.8	57.1
Don't Know	5.6	6.5	1.5	4.8	7.1
TOTAL %	100	100	100	100	100
(n)	90	168	134	105	56
X	$X^2 = 16.3, df = 12, p = .180$				
Institutions					
A Lot	28.4	31.7	28.9	33.3	19.3
A Little	22.7	26.3	27.4	25.7	22.8
None	42.0	38.3	43.7	38.1	49.1
Don't Know	6.8	3.6	0.0	2.9	8.8
TOTAL %	100	100	100	100	100
(n)	88	167	135	105	57
X	$X^2 = 16.9, df = 12, p = .153$				

Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 16.6 Responsibility for Medical Error by Health Region

Q17	Health Region		
	Calgary %	Capital %	Other Alberta %
Doctors			
A Lot	67.9	63.7	68.7
A Little	18.4	19.2	18.7
None	13.3	14.0	11.4
Don't Know	0.5	3.1	1.2
TOTAL %	100	100	100
(n)	196	193	166
X	$X^2 = 5.2, df = 6, p = .591$		
Nurses			
A Lot	28.6	17.2	18.1
A Little	18.9	26.6	24.1
None	49.0	49.0	53.0
Don't Know	3.6	7.3	4.8
TOTAL %	100	100	100
(n)	196	192	166
X	$X^2 = 12.7, df = 6, p = .047$		
Other Health Professionals			
A Lot	17.3	19.7	15.1
A Little	28.6	32.1	27.1
None	49.0	42.5	53.6
Don't Know	5.1	5.7	4.2
TOTAL %	100	100	100
(n)	196	193	166
X	$X^2 = 4.7, df = 6, p = .588$		
Institutions			
A Lot	32.0	32.1	24.0
A Little	26.8	21.2	28.7
None	37.6	43.0	43.7
Don't Know	3.6	3.6	3.6
TOTAL %	100	100	100
(n)	194	193	167
X	$X^2 = 5.8, df = 6, p = .449$		

Percentages may not add to 100 due to rounding.

Table 16.7 Responsibility for Medical Error by Health of Respondent

Q17	Health				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Doctors					
A Lot	70.8	64.2	63.3	67.2	73.5
A Little	15.4	17.9	22.7	17.2	20.6
None	11.5	15.1	13.3	15.6	2.9
Don't Know	2.3	2.8	0.7	0.0	2.9
TOTAL %	100	100	100	100	100
(n)	130	179	150	64	34
X	$X^2 = 10.6, df = 12, p = .561$				
Nurses					
A Lot	20.8	23.5	20.7	20.6	21.2
A Little	22.3	19.6	26.7	30.2	15.2
None	50.0	53.1	47.3	42.9	60.6
Don't Know	6.9	3.9	5.3	6.3	3.0
TOTAL %	100	100	100	100	100
(n)	130	179	150	63	33
X	$X^2 = 8.2, df = 12, p = .767$				
Other Health Professionals					
A Lot	16.9	17.3	19.5	14.1	18.8
A Little	33.8	26.3	26.8	31.3	34.4
None	46.2	52.0	47.0	48.4	40.6
Don't Know	3.1	4.5	6.7	6.3	6.3
TOTAL %	100	100	100	100	100
(n)	130	179	149	64	32
X	$X^2 = 6.2, df = 12, p = .903$				
Institutions					
A Lot	31.3	27.1	31.5	26.6	33.3
A Little	23.7	23.7	29.5	29.7	15.2
None	43.5	45.8	35.6	35.9	42.4
Don't Know	1.5	3.4	3.4	7.8	9.1
TOTAL %	100	100	100	100	100
(n)	131	177	149	64	33
X	$X^2 = 14.0, df = 12, p = .303$				

Percentages may not add to 100 due to rounding.

Table 16.8 Responsibility for Medical Error by Perceived Quality of Alberta's Health Care System

Q17	Perceived Quality of Alberta's Health Care System				
	Excellent	Very Good	Good	Fair	Poor
	%	%	%	%	%
Doctors					
A Lot	65.2	69.1	63.9	66.4	75.0
A Little	26.1	10.6	20.2	23.5	15.4
None	8.7	18.7	13.9	9.2	7.7
Don't Know	0.0	1.6	2.1	0.8	1.9
TOTAL%	100	100	100	100	100
(n)	23	123	238	119	52
X	$X^2 = 15.1, df = 12, p = .234$				
Nurses					
A Lot	21.7	21.1	21.9	21.0	21.6
A Little	17.4	19.5	25.3	23.5	23.5
None	56.5	54.5	46.8	51.3	49.0
Don't Know	4.3	4.9	5.9	4.2	5.9
TOTAL%	100	100	100	100	100
(n)	23	123	237	119	51
X	$X^2 = 3.3, df = 12, p = .993$				
Other Health Professionals					
A Lot	13.0	18.5	14.3	17.6	30.8
A Little	17.4	32.3	30.7	31.1	19.2
None	65.2	44.4	48.7	49.6	42.3
Don't Know	4.3	4.8	6.3	1.7	7.7
TOTAL %	100	100	100	100	100
(n)	23	124	238	119	52
X	$X^2 = 16.9, df = 12, p = .153$				
Institutions					
A Lot	13.0	22.3	27.0	37.3	47.1
A Little	4.3	22.3	30.0	29.7	13.7
None	82.6	53.7	38.8	32.2	27.5
Don't Know	0.0	1.7	4.2	0.8	11.8
TOTAL %	100	100	100	100	100
(n)	23	121	237	118	51
X	$X^2 = 56.3, df = 12, p = .000$				

Percentages may not add to 100 due to rounding.

Table 16.9 Responsibility for Medical Error by Most Recent Contact With Alberta's Health Care System

Q17	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Doctors			
A Lot	66.7	61.1	69.5
A Little	20.2	16.7	8.5
None	11.6	22.2	18.6
Don't Know	1.5	0.0	3.4
TOTAL%	100	100	100
(n)	456	36	59
X	$X^2 = 10.3, df = 6, p = .112$		
Nurses			
A Lot	21.3	21.1	25.9
A Little	23.2	18.4	22.4
None	50.2	57.9	46.6
Don't Know	5.3	2.6	5.2
TOTAL%	100	100	100
(n)	456	38	58
X	$X^2 = 1.9, df = 6, p = .924$		
Other Health Professionals			
A Lot	17.8	10.8	20.7
A Little	28.3	32.4	37.9
None	49.1	48.6	37.9
Don't Know	4.8	8.1	3.4
TOTAL %	100	100	100
(n)	456	37	58
X	$X^2 = 5.4, df = 6, p = .494$		
Institutions			
A Lot	30.0	27.0	30.5
A Little	25.6	13.5	32.2
None	41.2	56.8	32.2
Don't Know	3.3	2.7	5.1
TOTAL %	100	100	100
(n)	454	37	59
X	$X^2 = 7.1, df = 6, p = .311$		

Percentages may not add to 100 due to rounding.

Series Seventeen: Q18. Did you or your family member sue the health care professional for malpractice or not?

Table 17.1 Was There a Malpractice Suit by Sex of Respondent

Q18	Sex	
	Male %	Female %
Yes	2.5	4.7
No	94.9	94.6
Don't Know	2.5	0.6
TOTAL %	100	100
(n)	236	317

$\chi^2 = 5.1$, $df = 2$, $p = .077$

Percentages may not add to 100 due to rounding.

Table 17.2 Was There a Malpractice Suit by Age of Respondent

Q18	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Yes	3.2	3.7	4.2	5.0
No	95.2	94.2	94.8	95.0
Don't Know	1.6	2.1	1.0	0.0
TOTAL %	100	100	100	100
(n)	62	241	192	60

$\chi^2 = 2.1$, $df = 6$, $p = .913$

Percentages may not add to 100 due to rounding.

Table 17.3 Was There a Malpractice Suit by Length of Time Lived in Alberta

Q18	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Yes	4.7	5.2	3.1
No	94.1	92.0	95.9
Don't Know	1.2	2.9	1.0
TOTAL %	100	100	100
(n)	85	174	294

$\chi^2 = 4.0$, $df = 4$, $p = .410$

Percentages may not add to 100 due to rounding.

Table 17.4 Was There a Malpractice Suit by Education of Respondent

Q18	Education	
	High School or Less %	More Than High School %
Yes	4.3	3.6
No	94.8	94.7
Don't Know	0.9	1.8
TOTAL%	100	100
(n)	211	338

 $X^2 = 0.8$, $df = 2$, $p = .676$

Percentages may not add to 100 due to rounding.

Table 17.5 Was There a Malpractice Suit by Household Income of Respondent

Q18	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Yes	4.4	4.1	6.7	1.9	0.0
No	94.4	95.3	91.1	97.1	98.2
Don't Know	1.1	0.6	2.2	1.0	1.8
TOTAL%	100	100	100	100	100
(n)	90	169	135	103	56

 $X^2 = 7.9$, $df = 8$, $p = .440$

Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No

Response

Table 17.6 Was There a Malpractice Suit by Health Region

Q18	Health Region		
	Calgary %	Capital %	Other Alberta %
Yes	4.1	4.2	3.0
No	93.3	94.8	96.4
Don't Know	2.6	1.0	0.6
Total%	100	100	100
(n)	195	191	167

 $X^2 = 3.2$, $df = 4$, $p = .521$

Percentages may not add to 100 due to rounding.

Table 17.7 Was There a Malpractice Suit by Health of Respondent

Q18	Health				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Yes	4.6	4.5	4.0	1.6	0.0
No	92.3	92.7	96.0	98.4	100
Don't Know	3.1	2.8	0.0	0.0	0.0
TOTAL%	100	100	100	100	100
(n)	130	177	150	64	33

 $X^2 = 10.2$, $df = 8$, $p = .249$

Percentages may not add to 100 due to rounding.

Table 17.8 Was There a Malpractice Suit by Perceived Quality of Alberta's Health Care System

Q18	Perceived Quality of Alberta's Health Care System				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Yes	4.3	3.3	4.2	4.2	3.8
No	95.7	96.7	92.0	95.8	96.2
Don't Know	0.0	0.0	3.8	0.0	0.0
TOTAL%	100	100	100	100	100
(n)	23	123	237	120	52

 $X^2 = 12.6$, $df = 8$, $p = .128$

Percentages may not add to 100 due to rounding.

Table 17.9 Was There a Malpractice Suit by Most Recent Contact With Alberta's Health Care System

Q18	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Yes	3.5	2.7	6.9
No	94.9	97.3	91.4
Don't Know	1.5	0.0	1.7
TOTAL%	100	100	100
(n)	455	37	58

 $X^2 = 2.4$, $df = 4$, $p = .671$

Percentages may not add to 100 due to rounding.

Series Eighteen: Q19. Did the doctor or health professionals involved tell you that a medical error had been made in your (or your family member's) treatment?

Table 18.1 Disclosure of Medical Error by Sex of Respondent

Q19	Sex	
	Male %	Female %
Yes	31.3	32.6
No	66.0	65.8
Don't Know	3.0	1.6
TOTAL %	100	100
(n)	235	319

$\chi^2 = 1.3$, $df = 2$, $p = .510$

Percentages may not add to 100 due to rounding.

Table 18.2 Disclosure of Medical Error by Age of Respondent

Q19	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Yes	35.5	36.8	22.5	40.0
No	62.9	59.9	77.5	55.0
Don't Know	1.6	3.3	0.0	5.0
TOTAL %	100	100	100	100
(n)	62	242	191	60

$\chi^2 = 22.8$, $df = 6$, $p = .001$

Percentages may not add to 100 due to rounding.

Table 18.3 Disclosure of Medical Error by Length of Time Lived in Alberta

Q19	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Yes	38.8	31.2	30.5
No	60.0	65.9	67.1
Don't Know	1.2	2.9	2.4
TOTAL %	100	100	100
(n)	85	173	295

$\chi^2 = 2.7$, $df = 4$, $p = .609$

Percentages may not add to 100 due to rounding.

Table 18.4 Disclosure of Medical Error by Education of Respondent

Q19	Education	
	High School or Less %	More Than High School %
Yes	30.3	32.9
No	66.4	65.6
Don't Know	3.3	1.5
TOTAL%	100	100
(n)	211	340

 $\chi^2 = 2.3$, df = 2, p = .312

Percentages may not add to 100 due to rounding.

Table 18.5 Disclosure of Medical Error by Household Income of Respondent

Q19	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Yes	32.2	31.8	34.6	33.7	23.2
No	64.4	66.5	62.4	65.4	75.0
Don't Know	3.3	1.8	3.0	1.0	1.8
TOTAL%	100	100	100	100	100
(n)	90	170	133	104	56

 $\chi^2 = 4.6$, df = 8, p = .802

Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No

Response

Table 18.6 Disclosure of Medical Error by Health Region

Q19	Health Region		
	Calgary %	Capital %	Other Alberta %
Yes	29.3	31.6	35.5
No	67.2	66.3	63.3
Don't Know	3.5	2.1	1.2
Total%	100	100	100
(n)	198	193	166

 $\chi^2 = 3.5$, df = 4, p = .473

Percentages may not add to 100 due to rounding.

Table 18.7 Disclosure of Medical Error by Health of Respondent

Q19	Health				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Yes	36.9	31.5	30.2	30.8	27.3
No	62.3	65.7	67.1	66.2	72.7
Don't Know	0.8	2.8	2.7	3.1	0.0
TOTAL%	100	100	100	100	100
(n)	130	178	149	65	33

 $X^2 = 4.6$, $df = 8$, $p = .800$

Percentages may not add to 100 due to rounding.

Table 18.8 Disclosure of Medical Error by Perceived Quality of Alberta's Health Care System

Q19	Perceived Quality of Alberta's Health Care System				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Yes	34.8	40.7	28.3	31.4	29.4
No	65.2	59.3	67.5	67.8	68.6
Don't Know	0.0	0.0	4.2	0.8	2.0
TOTAL%	100	100	100	100	100
(n)	23	123	237	121	51

 $X^2 = 13.9$, $df = 8$, $p = .085$

Percentages may not add to 100 due to rounding.

Table 18.9 Disclosure of Medical Error by Most Recent Contact With Alberta's Health Care System

Q19	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Yes	32.2	27.0	33.9
No	65.1	73.0	64.4
Don't Know	2.6	0.0	1.7
TOTAL%	100	100	100
(n)	456	37	59

 $X^2 = 1.8$, $df = 4$, $p = .768$

Percentages may not add to 100 due to rounding.

Series Nineteen: Q21. Did the doctor or health professional involved apologize to you or your family for the medical error that was made?

Table 19.1 Was Apology Given for Medical Error by Sex of Respondent

Q21	Sex	
	Male %	Female %
Yes	30.8	29.4
No	60.8	64.7
Don't Know	8.4	5.9
TOTAL %	100	100
(n)	237	320

 $\chi^2 = 1.6$, df = 2, p = .440

Percentages may not add to 100 due to rounding.

Table 19.2 Was Apology Given for Medical Error Medical Error by Age of Respondent

Q21	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Yes	40.3	34.4	19.3	36.1
No	50.0	58.9	75.0	55.7
Don't Know	9.7	6.6	5.7	8.2
TOTAL %	100	100	100	100
(n)	62	241	192	61

 $\chi^2 = 20.3$, df = 6, p = .002

Percentages may not add to 100 due to rounding.

Table 19.3 Was Apology Given for Medical Error Medical Error by Length of Time Lived in Alberta

Q21	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Yes	34.1	29.7	29.5
No	57.6	64.0	63.7
Don't Know	8.2	6.3	6.8
TOTAL %	100	100	100
(n)	85	175	295

 $\chi^2 = 1.3$, df = 4, p = .869

Percentages may not add to 100 due to rounding.

Table 19.4 Was Apology Given for Medical Error Medical Error by Education of Respondent

Q21	Education	
	High School or Less %	More Than High School %
Yes	30.7	29.9
No	61.8	63.3
Don't Know	7.5	6.7
TOTAL%	100	100
(n)	212	341

 $\chi^2 = 0.2$, df = 2, p = .908

Percentages may not add to 100 due to rounding.

Table 19.5 Was Apology Given for Medical Error Medical Error by Household Income of Respondent

Q21	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Yes	23.3	34.5	28.9	27.6	33.9
No	66.7	57.9	65.9	67.6	57.1
Don't Know	10.0	7.6	5.2	4.8	8.9
TOTAL%	100	100	100	100	100
(n)	90	171	135	105	56

 $\chi^2 = 7.7$, df = 8, p = .463

Response

Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No

Table 19.6 Was Apology Given for Medical Error Medical Error by Health Region

Q21	Health Region		
	Calgary %	Capital %	Other Alberta %
Yes	26.9	32.6	30.1
No	65.5	61.1	62.7
Don't Know	7.6	6.2	7.2
Total%	100	100	100
(n)	197	193	166

 $\chi^2 = 1.7$, df = 4, p = .797

Percentages may not add to 100 due to rounding.

Table 19.7 Was Apology Given for Medical Error Medical Error by Health of Respondent

Q21	Health				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Yes	36.9	32.4	26.7	26.2	15.2
No	55.4	59.8	66.7	69.2	81.8
Don't Know	7.7	7.8	6.7	4.6	3.0
TOTAL%	100	100	100	100	100
(n)	130	179	150	65	33

$\chi^2 = 11.3$, $df = 8$, $p = .184$

Percentages may not add to 100 due to rounding.

Table 19.8 Was Apology Given for Medical Error Medical Error by Perceived Quality of Alberta's Health Care System

Q21	Perceived Quality of Alberta's Health Care System				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Yes	36.4	39.8	25.6	29.2	27.5
No	59.1	55.3	66.0	64.2	66.7
Don't Know	4.5	4.9	8.4	6.7	5.9
TOTAL%	100	100	100	100	100
(n)	22	123	238	120	51

$\chi^2 = 9.3$, $df = 8$, $p = .314$

Percentages may not add to 100 due to rounding.

Table 19.9 Was Apology Given for Medical Error Medical Error by Most Recent Contact With Alberta's Health Care System

Q21	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Yes	29.9	34.2	31.0
No	62.7	63.2	62.1
Don't Know	7.4	2.6	6.9
TOTAL%	100	100	100
(n)	458	38	58

$\chi^2 = 1.4$, $df = 4$, $p = .848$

Percentages may not add to 100 due to rounding.

Series Twenty: Q22. Would you share with us the facts about the medical error that occurred, if you feel comfortable about doing so?

Table 20.1 Was Respondent Willing to Share Facts About Medical Error by Sex of Respondent

Q22	Sex	
	Male %	Female %
Yes	78.7	79.4
No	21.3	20.6
TOTAL %	100	100
(n)	239	320

 $\chi^2 = 0.0$, $df = 1$, $p = .920$

Percentages may not add to 100 due to rounding.

Table 20.2 Was Respondent Willing to Share Facts About Medical Error by Age of Respondent

Q22	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Yes	69.4	79.9	80.3	81.7
No	30.6	20.1	19.7	18.3
TOTAL%	100	100	100	100
(n)	62	244	193	60

 $\chi^2 = 4.1$, $df = 3$, $p = .254$

Percentages may not add to 100 due to rounding.

Table 20.3 Was Respondent Willing to Share Facts About Medical Error by Length of Time Lived in Alberta

Q22	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Yes	76.7	80.0	79.7
No	23.3	20.0	20.3
TOTAL%	100	100	100
(n)	86	175	295

 $\chi^2 = 0.4$, $df = 2$, $p = .811$

Percentages may not add to 100 due to rounding.

Table 20.4 Was Respondent Willing to Share Facts About Medical Error by Education of Respondent

Q22	Education	
	High School or Less %	More Than High School %
Yes	76.4	80.8
No	23.6	19.2
TOTAL%	100	100
(n)	212	343

 $X^2 = 1.2$, $df = 1$, $p = .265$

Percentages may not add to 100 due to rounding.

Table 20.5 Was Respondent Willing to Share Facts About Medical Error by Household Income of Respondent

Q22	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Yes	78.9	79.5	83.0	78.3	70.2
No	21.1	20.5	17.0	21.7	29.8
TOTAL%	100	100	100	100	100
(n)	90	171	135	106	57

 $X^2 = 4.0$, $df = 4$, $p = .403$

Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 20.6 Was Respondent Willing to Share Facts About Medical Error by Health Region

Q22	Health Region		
	Calgary %	Capital %	Other Alberta %
Yes	80.8	80.3	76.0
No	19.2	19.7	24.0
Total%	100	100	100
(n)	198	193	167

 $X^2 = 1.5$, $df = 2$, $p = .481$

Percentages may not add to 100 due to rounding.

Table 20.7 Was Respondent Willing to Share Facts About Medical Error by Health of Respondent

Q22	Health				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Yes	79.5	80.6	74.7	80.0	87.9
No	20.5	19.4	25.3	20.0	12.1
TOTAL%	100	100	100	100	100
(n)	132	180	150	65	33

$X^2 = 3.6$, $df = 4$, $p = .463$

Percentages may not add to 100 due to rounding.

Table 20.8 Was Respondent Willing to Share Facts About Medical Error by Perceived Quality of Alberta's Health Care System

Q22	Perceived Quality of Alberta's Health Care System				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Yes	82.6	82.1	76.3	81.0	78.8
No	17.4	17.9	23.7	19.0	21.2
TOTAL%	100	100	100	100	100
(n)	23	123	241	121	52

$X^2 = 2.2$, $df = 4$, $p = .696$

Percentages may not add to 100 due to rounding.

Table 20.9 Was Respondent Willing to Share Facts About Medical Error by Most Recent Contact With Alberta's Health Care System

Q22	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Yes	79.0	78.9	80.0
No	21.0	21.1	20.0
TOTAL%	100	100	100
(n)	457	38	60

$X^2 = 0.0$, $df = 2$, $p = .984$

Percentages may not add to 100 due to rounding.

Series Twenty-One: Q22b. Where did the medical error happen?

Table 21.1 Location of Medical Error by Sex of Respondent

Q22b	Sex	
	Male %	Female %
Hospital	69.4	68.1
Public Health Clinic/Community Health Center	2.7	4.4
Walk-in Clinic/Medicenter	6.6	5.2
Family Physician/GP Office	16.4	13.5
Other	4.9	8.8
TOTAL %	100	100
(n)	183	251

 $\chi^2 = 3.9$, $df = 4$, $p = .416$

Percentages may not add to 100 due to rounding.

Table 21.2 Location of Medical Error by Age of Respondent

Q22b	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Hospital	85.7	64.9	73.9	53.1
Public Health Clinic/Community Health Center	9.5	2.6	2.0	6.1
Walk-in Clinic/Medicenter	0.0	8.4	5.2	2.0
Family Physician/GP Office	0.0	17.8	10.5	28.6
Other	4.8	6.3	8.5	10.2
TOTAL %	100	100	100	100
(n)	42	91	153	49

 $\chi^2 = 34.5$, $df = 12$, $p = .001$

Percentages may not add to 100 due to rounding.

Table 21.3 Location of Medical Error by Length of Time Lived in Alberta

Q22b	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Hospital	66.7	73.0	67.5
Public Health Clinic/Community Health Center	9.1	3.6	1.8
Walk-in Clinic/Medicenter	1.5	5.1	7.5
Family Physician/GP Office	21.2	10.9	14.9
Other	1.5	7.3	8.3
TOTAL%	100	100	100
(n)	66	137	228

 $\chi^2 = 18.3$, df = 8, p = .019

Percentages may not add to 100 due to rounding.

Table 21.4 Location of Medical Error by Education of Respondent

Q22b	Education	
	High School or Less %	More Than High School %
Hospital	68.4	69.7
Public Health Clinic/Community Health Center	5.1	2.6
Walk-in Clinic/Medicenter	5.7	5.5
Family Physician/GP Office	14.6	14.4
Other	6.3	7.7
TOTAL%	100	100
(n)	158	271

 $\chi^2 = 2.1$, df = 4, p = .723

Percentages may not add to 100 due to rounding.

Table 21.5 Location of Medical Error by Household Income of Respondent

Q22b	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Hospital	68.1	66.9	68.5	72.3	67.5
Public Health Clinic/Community Health Center	7.2	3.0	1.8	2.4	5.0
Walk-in Clinic/Medical Center	5.8	4.5	9.0	3.6	7.5
Family Physician/GP Office	15.9	18.8	9.0	16.9	12.5
Other	2.9	6.8	11.7	4.8	7.5
TOTAL%	100	100	100	100	100
(n)	69	133	111	83	40

 $\chi^2 = 17.8$, df = 16, p = .338
Response

Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No

Table 21.6 Location of Medical Error by Health Region

Q22b	Health Region		
	Calgary %	Capital %	Other Alberta %
Hospital	70.7	65.6	71.0
Public Health Clinic/Community Health Center	2.5	2.6	6.5
Walk-in Clinic/Medical Center	3.2	7.3	6.5
Family Physician/GP Office	14.6	16.6	12.1
Other	8.9	7.9	4.0
Total%	100	100	100
(n)	157	151	124

 $\chi^2 = 9.9$, df = 8, p = .269

Percentages may not add to 100 due to rounding.

Table 21.7 Location of Medical Error by Health of Respondent

Q22b	Health				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Hospital	75.7	65.7	61.1	76.5	75.0
Public Health Clinic/Community Health Center	1.9	2.8	4.6	5.9	3.6
Walk-in Clinic/Medicenter	2.9	9.8	6.5	0.0	3.6
Family Physician/GP Office	10.7	16.1	19.4	15.7	3.6
Other	8.7	5.6	8.3	2.0	14.3
TOTAL%	100	100	100	100	100
(n)	103	143	108	51	28

 $\chi^2 = 23.6$, df = 16, p = .098

Percentages may not add to 100 due to rounding.

Table 21.8 Location of Medical Error by Perceived Quality of Alberta's Health Care System

Q22b	Perceived Quality of Alberta's Health Care System				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Hospital	68.4	74.0	64.6	64.9	82.9
Public Health Clinic/Community Health Center	10.5	2.0	3.4	4.1	2.4
Walk-in Clinic/Medicenter	0.0	4.0	5.6	11.3	0.0
Family Physician/GP Office	15.8	15.0	16.9	13.4	7.3
Other	5.3	5.0	9.6	6.2	7.3
TOTAL%	100	100	100	100	100
(n)	19	100	178	97	41

 $\chi^2 = 19.6$, df = 16, p = .241

Percentages may not add to 100 due to rounding.

Table 21.9 Location of Medical Error by Most Recent Contact With Alberta's Health Care System

Q22b	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Hospital	67.2	73.3	77.1
Public Health Clinic/Community Health Center	3.7	0.0	4.2
Walk-in Clinic/Medicenter	5.7	6.7	4.2
Family Physician/GP Office	15.4	10.0	12.5
Other	8.0	10.0	2.1
TOTAL%	100	100	100
(n)	351	30	48

$\chi^2 = 5.1$, $df = 8$, $p = .751$

Percentages may not add to 100 due to rounding.

Series Twenty-Two: Q22d. In your opinion, could the medical error have been prevented?

Table 22.1 Was the Medical Error Preventable by Sex of Respondent

Q22d	Sex	
	Male %	Female %
Yes	94.7	93.7
No	2.1	1.2
Don't Know	3.2	5.1
TOTAL %	100	100
(n)	189	253

 $\chi^2 = 1.6$, $df = 2$, $p = .455$

Percentages may not add to 100 due to rounding.

Table 22.2 Was the Medical Error Preventable by Age of Respondent

Q22d	Age			
	18-24 %	25-44 %	45-64 %	65+ %
Yes	100	94.4	94.8	85.7
No	0.0	3.1	0.0	2.0
Don't Know	0.0	2.6	5.2	12.2
TOTAL %	100	100	100	100
(n)	43	196	154	49

 $\chi^2 = 17.1$, $df = 6$, $p = .009$

Percentages may not add to 100 due to rounding.

Table 22.3 Was the Medical Error Preventable by Length of Time Lived in Alberta

Q22d	Length of Time Lived in Alberta		
	< 15 Years %	15-29 Years %	30+ Years %
Yes	94.0	97.8	91.5
No	4.5	0.0	2.1
Don't Know	1.5	2.2	6.4
TOTAL %	100	100	100
(n)	67	139	235

 $\chi^2 = 10.7$, $df = 4$, $p = .030$

Percentages may not add to 100 due to rounding.

Table 22.4 Was the Medical Error Preventable by Education of Respondent

Q22d	Education	
	High School or Less %	More Than High School %
Yes	95.1	93.5
No	2.5	1.1
Don't Know	2.5	5.4
TOTAL%	100	100
(n)	163	276

 $\chi^2 = 3.3$, $df = 2$, $p = .189$

Percentages may not add to 100 due to rounding.

Table 22.5 Was the Medical Error Preventable by Household Income of Respondent

Q22d	Household Income				
	< \$30K %	\$30-\$59K %	\$60-99K %	\$100K+ %	DK/NR %
Yes	97.2	92.6	96.4	94.0	85.0
No	2.8	3.0	0.9	1.2	0.0
Don't Know	0.0	4.4	2.7	4.8	15.0
TOTAL%	100	100	100	100	100
(n)	71	135	112	84	40

 $\chi^2 = 17.8$, $df = 8$, $p = .023$

Percentages may not add to 100 due to rounding. DK/NR = Don't Know/No Response

Table 22.6 Was the Medical Error Preventable by Health Region

Q22d	Health Region		
	Calgary %	Capital %	Other Alberta %
Yes	96.2	94.8	92.1
No	0.6	1.3	2.4
Don't Know	3.1	3.9	5.6
Total%	100	100	100
(n)	159	155	126

 $\chi^2 = 2.8$, $df = 4$, $p = .601$

Percentages may not add to 100 due to rounding.

Table 22.7 Was the Medical Error Preventable by Health of Respondent

Q22d	Health				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Yes	96.2	95.2	90.1	94.2	93.1
No	0.0	2.1	2.7	1.9	3.4
Don't Know	3.8	2.8	7.2	3.8	3.4
TOTAL%	100	100	100	100	100
(n)	105	145	111	52	29

 $\chi^2 = 6.3$, $df = 8$, $p = .619$

Percentages may not add to 100 due to rounding.

Table 22.8 Was the Medical Error Preventable by Perceived Quality of Alberta's Health Care System

Q22d	Perceived Quality of Alberta's Health Care System				
	Excellent %	Very Good %	Good %	Fair %	Poor %
Yes	84.2	93.0	92.9	96.9	97.6
No	5.3	0.0	2.7	1.0	2.4
Don't Know	10.5	7.0	4.3	2.0	0.0
TOTAL%	100	100	100	100	100
(n)	19	100	184	98	41

 $\chi^2 = 11.0$, $df = 8$, $p = .200$

Percentages may not add to 100 due to rounding.

Table 22.9 Was the Medical Error Preventable by Most Recent Contact With Alberta's Health Care System

Q22d	Most Recent Contact With Alberta's Health Care System		
	≤ 6 Months %	7-12 Months %	Over 12 Months %
Yes	95.0	86.7	91.7
No	1.7	3.3	2.1
Don't Know	3.3	10.0	6.3
TOTAL%	100	100	100
(n)	361	30	48

 $\chi^2 = 4.3$, $df = 4$, $p = .367$

Percentages may not add to 100 due to rounding.

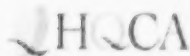
APPENDIX C

Questionnaire

Alberta Patient Safety

Survey 2004

April 27, 2004



Alberta Patient Safety Survey

1. Hello, my name is _____ and I'm calling (long distance) from the Population Research Laboratory at the University of Alberta

I have dialed XXX-XXXX. Is this correct?

2. Your telephone number was selected at random by computer.

I am calling on behalf of the Health Quality Council of Alberta. Their mandate is to monitor, evaluate and report to Albertans on the quality, safety and performance of the publicly funded health care system. We are conducting a confidential and random health survey of Alberta residents who are 18 years of age or older about patient safety in health care.

To ensure that we speak to a good cross-section of people for your health region, can you please tell me the following:

- 3a. How many women aged 18 or over live at this number?

NUMBER OF WOMEN? _____

- 3b. How many men aged 18 or over live at this number?

NUMBER OF MEN? _____

[INTERVIEWER NOTE: IF NO ONE 18 YEARS OR OLDER lives in the household, thank respondent, TERMINATE THE INTERVIEW.]

For this survey, we would like to interview the person who had the **most recent birthday**. Is that person available? (*We choose the person for the survey randomly from each household by asking for the person who has the most recent birthday? Is that you?*)

If **Yes** (GO TO 4)

4. I would like to interview you and I'm hoping that now is a good time for you. The telephone interview will include questions about your opinions and actual experiences with medical errors and issues of safety in Alberta's health system. Your participation is very important. The information you provide will be used to improve health care in the province and in your local area. The interview will take about 15 to 20 minutes, depending on your responses. May we proceed with the interview now?

If **Yes** (GO TO 5)

5. Before we start, I'd like to assure you that your participation is voluntary and that any information you provide will be used only for the indicated purposes in conformity with the Alberta Freedom of Information and Protection of Privacy Act (FOIPP). If there are any questions that you do not wish to answer, please feel free to point these out to me and we'll go on to the next question. You, of course, have the right to terminate the interview at any time.

Your name is not required and no one can identify individual answers in this study. If you have any questions about the survey, you can call Rosanna Shih, Research Coordinator at the Population Research Lab (collect) at 780-492-4659, ext. 233. To check the legitimacy of this study or to provide comments about the survey, please call Charlene McBrien-Morrison, Quality Initiatives Manager at the Health Quality Council of Alberta at 403-297-8162 (if long distance please dial toll-free 310-0000 and the phone number).

6. **RECORD SEX OF POTENTIAL RESPONDENT**

- 1 Male
- 2 Female

(INTERVIEWER NOTE: It may be obvious, but if unsure, please ask respondent.)

7. **In which age category do you belong? (READ CATEGORIES)**

- 1 18 - 24 years
- 2 25 - 44 years
- 3 45 - 64 years
- 4 65 years and older
- 0 Refused

RHA – Health Region (not asked, determined by telephone number)

- 1 Chinook Regional Health Authority 1
- 2 Palliser Health Region 2
- 3 Calgary Health Region 3
- 4 David Thompson Regional Health Authority 4
- 5 East Central Health 5
- 6 Capital Health 6
- 7 Aspen Regional Health Authority 7
- 8 Peace Country Health 8
- 9 Northern Lights Health Region 9

1. To begin, thinking broadly about Alberta's health care system and the quality of medical services it provides, how would you describe it overall? **(READ)**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

[INTERVIEWER NOTE: Throughout the survey, Alberta's health care system refers to publicly funded health system.]

2. When was your most recent contact with Alberta's health care system? **(READ)**

- 1 2 months or less
- 2 3-4 months
- 3 5-6 months
- 4 7-8 months
- 5 9-10 months
- 6 11-12 months
- 7 More than 1 year ago

- 8 Don't recall/Don't know (Volunteered)
- 0 No response/Refused (Volunteered)

Sometimes when people are ill and receive medical care, mistakes can be made that result in serious harm, such as death, disability, or additional prolonged treatment. These are called medical errors. Some of these errors are preventable, while others may not be.

I'd like to ask some questions about preventable medical errors that result in serious harm. For any of the following questions, please let me know if you feel you haven't heard enough information to have an opinion.

3. When people seek help from a health professional, how often do you think such preventable medical errors are made in their care? Would you say **(READ)**

- 1 Very often
- 2 Somewhat often
- 3 Not very often
- 4 Not often at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

4. Which of the following do you think is the **MORE** important cause of preventable medical errors that result in serious harm? **(READ)**

- 1 Mistakes made by individual health care professionals
- 2 Mistakes made by institutions where they work
- 3 Both (Volunteered)
- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

[INTERVIEWER NOTE: If respondents ask how we define "MORE important", please say "it is your own interpretation". If necessary, repeat question.)

5. Thinking about preventable medical errors that result in serious harm, how often do you think patients are at least partially responsible for preventable medical errors made in their care? Would you say **(READ)**

- 1 Very often
- 2 Somewhat often
- 3 Not very often
- 4 Never
- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

6. Is what you know about preventable medical errors based?
(ONE answer only) (READ)

- 1 Mainly on your own experience
- 2 On experiences of your friends and family
- 3 Or on what you have seen, heard, read on TV, radio or in newspapers
- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

CAUSES of Preventable Medical Errors

Now, I'm going to read you a list of some things that could **CAUSE** preventable medical errors that result in serious harm to the patient. For each one, please indicate whether you think it is a very important cause, somewhat important, not very important, or not important at all as a cause of these medical errors. For any of the following questions, please let me know if you feel you haven't heard enough information to have an opinion.

7a. Do you think poor training of health professionals is..... *(cause of preventable medical errors)*? **(READ)**

- 1 A very important cause
- 2 Somewhat important
- 3 Not very important
- 4 Not important at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

7b. Do you think overwork, stress, or fatigue of health professionals is..... *(cause of preventable medical errors)*? **(READ)**

- 1 A very important cause
- 2 Somewhat important
- 3 Not very important
- 4 Not important at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

7c. *(Do you think)* Not enough nurses in hospitals is..... *(cause of preventable medical errors)*? **(READ)**

- 1 A very important cause
- 2 Somewhat important
- 3 Not very important
- 4 Not important at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

7d. *(Do you think)* Uncaring health professionals is..... *(cause of preventable medical errors)*? **(READ)**

- 1 A very important cause
- 2 Somewhat important
- 3 Not very important
- 4 Not important at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

7e. *(Do you think) Poor supervision of health professionals is..... (cause of preventable medical errors)? (READ)*

- 1 A very important cause
- 2 Somewhat important
- 3 Not very important
- 4 Not important at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

7f. *(Do you think) Health professionals not working together or not communicating as a team is..... (cause of preventable medical errors)? (READ)*

- 1 A very important cause
- 2 Somewhat important
- 3 Not very important
- 4 Not important at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

7g. *(Do you think) Doctors not having enough time with their patients is..... (cause of preventable medical errors)? (READ)*

- 1 A very important cause
- 2 Somewhat important
- 3 Not very important
- 4 Not important at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused

7h. *(Do you think) Poor handwriting by health professionals is..... (cause of preventable medical errors)? (READ)*

- 1 A very important cause
- 2 Somewhat important
- 3 Not very important
- 4 Not important at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused

7i. (Do you think) Medical care being very complicated is..... (cause of preventable medical errors)? **(READ)**

- 1 A very important cause
- 2 Somewhat important
- 3 Not very important
- 4 Not important at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

7j. (Do you think) Lack of computerized medical records is..... (cause of preventable medical errors)? **(READ)**

- 1 A very important cause
- 2 Somewhat important
- 3 Not very important
- 4 Not important at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

SOLUTIONS to Prevent Medical Errors

Now I'd like to ask about some possible **SOLUTIONS** that have been proposed to prevent medical errors that result in serious harm, such as death, disability, or additional painful treatments for patients. Once again, for any of the following questions, please let me know if you feel you haven't heard enough information to have an opinion.

Please indicate how effective you think each one of the following would be in reducing preventable medical errors that result in serious harm.

8a. Do you think better training of health professionals would be..... (in reducing preventable medical errors resulting serious harm)? **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

[INTERVIEWER NOTE: Please note that in this section (Q8a to Q8qi) we are referring to SOLUTIONS.]

8b. Do you think increasing the number of hospital nurses would be..... *(in reducing preventable medical errors resulting serious harm)?* **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

8c. *(Do you think)* Reducing the work hours of doctors in training to avoid fatigue would be..... *(in reducing preventable medical errors resulting serious harm)?* **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

8d. *(Do you think)* Using ONLY doctors specially trained in intensive care medicine on intensive care units would be..... *(in reducing preventable medical errors resulting serious harm)?* **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

8e. *(Do you think)* Including a pharmacist on hospital rounds when doctors review the progress of patients would be..... *(in reducing preventable medical errors resulting serious harm)?* **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

8f. *(Do you think)* Giving doctors more time to spend with patients would be..... *(in reducing preventable medical errors resulting serious harm)*? **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

8g. *(Do you think)* More use of computerized medical records would be.....*(in reducing preventable medical errors resulting serious harm)* ? **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

[INTERVIEWER NOTE: If respondents say they don't know anything about computer, please put response as: 8 – Don't know/No opinion.]

8h. *(Do you think)* More use of computers instead of paper records for ordering of drugs and medical tests would be.....*(in reducing preventable medical errors resulting serious harm)* ? **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

- 8i. *(Do you think)* Limiting certain high-risk medical procedures to hospitals that do a lot of these procedures would be..... *(in reducing preventable medical errors resulting serious harm)?* **(READ)**

1 Very effective
 2 Somewhat effective
 3 Not very effective
 4 Not effective at all

8 Don't know/No opinion (Volunteered)
 0 No response/Refused (Volunteered)

- 8j. *(Do you think)* Requiring hospitals to report all serious medical errors to a provincial agency would be *(in reducing preventable medical errors resulting serious harm)?* **(READ)**

1 Very effective
 2 Somewhat effective
 3 Not very effective
 4 Not effective at all

8 Don't know/No opinion (Volunteered)
 0 No response/Refused (Volunteered)

- 8k. *(Do you think)* Encouraging hospitals to voluntarily report serious medical errors to a provincial agency would be*(in reducing preventable medical errors resulting serious harm)?* **(READ)**

1 Very effective
 2 Somewhat effective
 3 Not very effective
 4 Not effective at all

8 Don't know/No opinion (Volunteered)
 0 No response/Refused (Volunteered)

- 8l. *(Do you think)* Having hospitalized patients be taken care of by hospital doctors rather than their regular doctors would be..... *(in reducing preventable medical errors resulting serious harm)?* **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

[INTERVIEWER: Regular doctor is the same as family doctor.]

- 3m. *(Do you think)* More lawsuits for malpractice would be..... *(in reducing preventable medical errors resulting serious harm)?* **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

- 8n. *(Do you think)* Having a government agency fine health professionals who make medical errors would be..... *(in reducing preventable medical errors resulting serious harm)?* **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

- 8o. *(Do you think)* Suspending the license of health professionals who make medical errors would be..... *(in reducing preventable medical errors resulting serious harm)?* **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

- 8p. *(Do you think)* Requiring hospitals to develop systems to avoid medical errors would be.....*(in reducing preventable medical errors resulting serious harm)?* **(READ)**

- 1 Very effective
- 2 Somewhat effective
- 3 Not very effective
- 4 Not effective at all

- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)

- 8q. Can you think of any other solutions to prevent medical errors that result in serious patient harm?

- 1 Yes
- 2 No (GO TO 9)

- 8 Don't know/No opinion (GO TO 9) (Volunteered)
- 0 No response/Refused (GO TO 9) (Volunteered)

- 8qi. Can you describe this (these) solution(s)? (OPEN-ENDED)
(DO NOT LEAVE BLANK)

[INTERVIEWER NOTE: Can be more than one solution.]

9. Should hospital reports of serious medical errors be
(READ) (ONE answer only)
- 1 Confidential and only used to prevent future mistakes, or
 - 2 Should they also be released to the public
 - 8 Don't know/No opinion (Volunteered)
 - 0 No response/Refused (Volunteered)
10. Should physicians be required to tell patients or patients' family if a preventable medical error resulting in serious harm is made in that patient's care?
- 1 Yes
 - 2 No
 - 8 Don't know/No opinion (Volunteered)
 - 0 No response/Refused (Volunteered)
11. Suppose a patient needs a specialized medical procedure. This person can choose either a hospital that does a large number of these procedures, or a hospital that does not do as many. At which hospital do you think this patient would be more likely to have a preventable medical error made in their care, or would it not make much difference which hospital it was? (READ)
- 1 Error is more likely at hospital that does a large number of the procedures
 - 2 Error is more likely at hospital that does not do as many
 - 3 Wouldn't make much difference
 - 8 Don't know/No opinion (Volunteered)
 - 0 No Response/Refused (Volunteered)
12. If a preventable medical error that resulted in serious harm was made in your care, how likely do you think it is that the doctor would tell you? (READ)
- 1 Very likely
 - 2 Somewhat likely
 - 3 Not very likely
 - 4 Not at all likely
 - 8 Don't know/No opinion (Volunteered)
 - 0 No response/Refused (Volunteered)

13. Have you ever been personally involved in a situation where a preventable medical error was made in YOUR OWN medical care or that of a FAMILY member while receiving service within Alberta's health care system?

- 1 Yes
- 2 No (GO TO D1)
- 8 Don't know/No opinion (GO TO D1) (Volunteered)
- 0 No response/Refused (GO TO D1) (Volunteered)

[INTERVIEWER NOTE: The definition of "FAMILY" is up to respondent's own interpretation.]

ASK ONLY THOSE INVOLVED WITH A PREVENTABLE MEDICAL ERROR.

- 14a. Was the error made in your own care, your family member's care, or both?
(READ)

- 1 Own care (GO TO 15)
- 2 Your family member's care (ASK 14b)
- 3 Both (ASK 14b)
- 0 No response/Refused (GO TO 15)
- 9 Not applicable

- 14b. What is the relationship of that family member to you?
(DO NOT READ. SELECT ALL APPLY)

- 1 Spouse
- 2 Child
- 3 Mother
- 4 Father
- 5 Brother
- 6 Sister
- 7 Other _____ (Specify)
- 8 No response/Refused (Volunteered)
- 0 Not selected
- 1 Selected
- 9 Not applicable

Now please think about the error that occurred MOST RECENTLY.

15. Did the error have? **(READ)**

- 1 Serious health consequences
- 2 Minor health consequences (GO TO 17a)
- 3 No health consequences at all (GO TO 17a)
- 8 Don't Know/No opinion (GO TO 17a) (Volunteered)
- 0 No response/Refused (GO TO 17a) (Volunteered)
- 9 Not applicable

Did these serious health consequences include any of the following?

16a. Severe pain

- 1 Yes
- 2 No
- 0 No response/Refused (Volunteered)
- 9 Not applicable

16b. Significant loss of time at work, school, or other important life activities

- 1 Yes
- 2 No
- 0 No response/Refused (Volunteered)
- 9 Not applicable

16c. Temporary disability

- 1 Yes
- 2 No
- 0 No response/Refused (Volunteered)
- 9 Not applicable

16d. Long-term disability

- 1 Yes
- 2 No
- 0 No response/Refused
- 9 Not applicable

**ASK ONLY OF THOSE WHO HAD A FAMILY MEMBER WHO WAS INVOLVED
IN A MEDICAL ERROR (SITUATION), OTHERWISE GO TO 16f.**

16e. Death?

- 1 Yes (GO TO 17a)
- 2 No
- 0 No response/Refused (Volunteered)
- 9 Not applicable

16f. Were there any other serious health consequences?

- 1 Yes
- 2 No (GO TO 17a)
- 8 Don't know/No opinion (GO TO 17a) (Volunteered)
- 0 No response/Refused (GO TO 17a) (Volunteered)
- 9 Not applicable

16fi. What was the other serious health consequence?
(OPEN-ENDED) **(DO NOT LEAVE BLANK)**

17a. How much responsibility, if any, do you think the doctors involved had for this
medical error? **(READ)**

- 1 A lot
- 2 A little
- 3 None
- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)
- 9 Not applicable

17b. How much responsibility, if any, do you think the nurses involved had for this
medical error? **(READ)**

- 1 A lot
- 2 A little
- 3 None
- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)
- 9 Not applicable

- 17c. How much responsibility, if any, do you think other health professionals involved had for this medical error? **(READ)**

- 1 A lot
- 2 A little
- 3 None
- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)
- 9 Not applicable

- 17d. How much responsibility, if any, do you think the institutions involved, such as a hospital, clinic or nursing home facility, had for this medical error? **(READ)**

- 1 A lot
- 2 A little
- 3 None
- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)
- 9 Not applicable

18. Did you or your family member sue the health care professional for malpractice, or not?

- 1 Yes
- 2 No
- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)
- 9 Not applicable

19. Did the doctor or health professionals involved tell you that a medical error had been made in your (or your family member's) treatment?

- 1 Yes (GO TO 21)
- 2 No
- 8 Don't know/No opinion (GO TO 21) (Volunteered)
- 0 No response/Refused (GO TO 21) (Volunteered)
- 9 Not applicable

20. How did you find out about the error? (OPEN-ENDED)
(DO NOT LEAVE BLANK)

21. Did the doctor or health professionals involved apologize to you or your family for the medical error that was made?

- 1 Yes
- 2 No
- 8 Don't know/No opinion (Volunteered)
- 0 No response/Refused (Volunteered)
- 9 Not applicable

22. Would you share with us the facts about the medical error that occurred, if you feel comfortable about doing so?

- 1 Yes
- 2 No (GO TO D1)
- 9 Not applicable

- 22a. What was the error? (OPEN-ENDED) (DO NOT LEAVE BLANK)

- 22b. Where did it (the error) happen? (DO NOT READ) (ONE answer only)

- 1 Hospital
- 2 Public Health Clinic/Community Health Centre
- 3 Walk-in Clinic/Medicentre
- 4 Family Physician/GP Office
- 5 Other _____ (Specify)
- 0 No response/Refused (Volunteered)
- 9 Not applicable

[INTERVIEWER: If respondent gives more than one response, other responses go under "OTHER (SPECIFY)".]

[INTERVIEWER: If necessary, please PROBE – We are looking for type of facilities, for example, clinic.]

22c. What do you think caused the error? (OPEN-ENDED)
(DO NOT LEAVE BLANK)

22d. In your opinion, could it (error) have been prevented?

- 1 Yes
- 2 No (GO TO 22e)
- 8 Don't know/No opinion (GO TO 22e) (Volunteered)
- 0 No response/Refused (GO TO 22e) (Volunteered)
- 9 Not applicable

22di. How could the error have been prevented?
(OPEN-ENDED) (DO NOT LEAVE BLANK)

22e. Approximately when did the error occur?
(OPEN-ENDED) (DO NOT LEAVE BLANK)

DEMOGRAPHICS

The final six short questions will be used to broadly group the results. As before, your responses are strictly confidential, and will not be analyzed individually, but by group only.

D1. In general, how would you rate your overall health **NOW**? (READ)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 Don't Know (Volunteered)
- 0 No response/Refused (Volunteered)

D2. In what year were you born?

Enter year born _____

- 0 No response/Refused (Volunteered)

D3. How long have you lived in Alberta?

Enter # of years _____

- 0 Less than 1 year
- 1 All my life
- 2 No response/Refused (Volunteered)

D4. What is the highest level of schooling that you have completed? **(DO NOT READ)**

- 1 Grade school or some high school
- 2 Completed High School
- 3 Some university or college or technical
- 4 Completed college diploma
- 5 Completed technical diploma
- 6 Completed university degree
- 7 Post-grad degree, e.g. Masters, PhD
- 0 Refused/not stated (Volunteered)

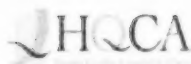
D5. To ensure that we reach people in all areas of the province, would you please tell me your postal code? This information is used for grouping results by health region, not for identification purposes.

- 1 Enter Postal Code ____ (Enter all 6 digits) (e.g., T5K 1L6)
- 2 Don't Know (Open window. Ask: What is the name of your city/town?) ____
- 0 No response/Refused (Volunteered) ____

(INTERVIEWER NOTE: Get all 6 digits unless the respondent is reluctant in which case please say "the first 3 digits are fine".)

D6. And finally, which one of the following categories best describes the total annual income before taxes, of all members of your household? **(READ)**

- 1 Less than \$30,000
- 2 \$30,000 to just under \$60,000
- 3 \$60,000 to just under \$100,000
- 4 \$100,000 or more
- 8 Don't know (Volunteered)
- 0 No response/Refused (Volunteered)



We've reached the end of the interview. Thank you very much for your time and contribution. Your input will assist us in the improvement of healthcare in Alberta. The results of this survey will be available in August of 2004. The survey results will be available on the Health Quality Council of Alberta's website or you can contact their office directly.

If you are interested in finding out more about the Health Quality Council of Alberta, you can log on to their website www.hqca.ca or call 403-297-8162 (long distance toll-free Number 310-0000 and the number).

